



## Electronic Funds Authorization Agreement

855 Front Street  
P.O. Box 4759  
Helena, MT 59604-4759  
Phone: 800-332-6102  
Fax: 406-495-5020

### Policyholder Information

Policyholder Name

Policy Number

Company Contact Email

### Banking Information

Account Type  Checking  Savings

Bank Name

Account Holder Name

Routing Number

Account Number

Would you like Montana State Fund to withdraw any outstanding balance already billed prior to this authorization?  Yes  No

Would you like Montana State Fund to deposit disbursements (refunds) to this same bank account?  Yes  No

### Authorization

I authorize Montana State Fund to initiate variable EFT-Automatic transactions from and/or into the bank account listed above. Payments will be withdrawn when my policy invoices become due. I authorize the financial institution listed above to accept these deductions and deposits by Montana State Fund. I acknowledge that the origination of these transactions to the account shown must comply with the provisions of U.S. law.

This authorization is to remain in full force and in effect until Montana State Fund has received notification from the policyholder of its termination in such time and in such manner as to afford Montana State Fund and the bank a reasonable opportunity to act on it.

This authorization may be cancelled by Montana State Fund if employer has insufficient funds on account to pay a transfer initiated by Montana State Fund.

By signing below, I attest that I am authorized to negotiate payment(s) from the above listed bank account.

Bank Account Holder Signature

Date

### Submitting the Authorization

Please complete the entire authorization, sign and return via:

Email: [sfinancerequests@mt.gov](mailto:sfinancerequests@mt.gov)

Fax: 406-495-5025

US Mail: Montana State Fund, Attn: Finance, P.O. Box 4759, Helena, MT 59604-4759

If you have any questions, please contact a Customer Service Specialist at 800-332-6102

