



Montana Department of Transportation

ACCOUNTING SYSTEMS OPERATIONS FAX: 406-444-5411

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

To sign up for Direct Deposit, the payee is to fill in all the information in Section 1 & Section 2.

(For help with Section 2 see your financial institution or include a voided check)

A separate form must be completed for each type of account for Section 1, C

Sign the form and return to Accounting Systems Operations - Payables Section, or your Payroll Technician.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE MAILING ADDRESS CITY STATE ZIP TELEPHONE NUMBER	C TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS															
B FED TAX ID# OR PAYROLL ID NUMBER	D DEPOSITOR ACCOUNT NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>															
E THIS BOX FOR ALLOTMENT OF PAYMENT ONLY																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">TYPE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table>		TYPE	AMOUNT													
TYPE	AMOUNT															
<p>PAYEE CERTIFICATION I certify that I am entitled to the payment identified above. I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p>																
SIGNATURE	DATE	SIGNATURE	DATE													

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
<p style="text-align: center;">FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above named payee(s) and the account number and title. As representative of the above named financial institution , I certify that the financial institution agrees to receive and deposit the payment indenified above.</p>											
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE	DATE								