

204 Form - Electronic Funds Transfer (EFT) Instructions

The 204-EFT form authorizes the State of Montana to pay grantees via Electronic Funds Transfer a.k.a. direct deposit. Complete the following steps. *Note: Department of Administration (DOA) will deny this legal binding form request if the form is incomplete, not hand-signed (no electronic signatures), or not dated.*

1) Request Type

- Select "Initial Request" if this is your first-time receiving payment from the State of Montana. Complete sections 1-6, and 9.
- Select "Change/Add Account" if you have received payment from the State of Montana but need to change bank account information. Complete sections 1-9.
- Select "Remove Account" if you have an account, you no longer utilize. Complete sections 1, 4-9.

2) Authority Line

Print your entire name to affirm the statement.

3) New Bank Information

If you are entering banking information for the first time, or changing your banking information, add information in this section. Fill out account information carefully: missing or transposed numbers will invalidate the form and you'll have to resubmit.

- a) **Bank Name:** Enter the name of the banking establishment.
- b) **Routing Number:** Enter all the digits for your routing number.
- c) **Account Number:** Enter all the digits for your account number.

4) **Account Type:** Select whether the account is a Checking or Savings.

5) Supplier Name

This is you or the business name, the recipient of payment. Enter your full name as it matches your Social Security Number or the business name as it matches your FEIN.

6) Tax ID Number (Enter all 9 digits)

Enter either your Social Security Number or FEIN. You must select the **Type**, either SSN or FEIN. If the payment is made to a business, enter the FEIN. If the payment is being made to an individual, then enter the SSN. *Select only one, do NOT put both.*

7) Address

Enter your personal address information that matches the bank info listed in section 3. Do **not** enter the banking establishment address information. **Complete all address sections.**

- a) **Line 1:** example, 1235 Main Street
- b) **Line 2:** example, PO Box 456
- c) **Line 3:** example, if no information is applicable on this line, put N/A
- d) **City, State, Postal Code, Country, and Phone number**
- e) **E-mail:** This valid email address will be used to send the EFT advice once payment has been made by the state.

8) Confirmation of existing bank account information:

This section is for bank accounts currently in use with the State of Montana. Enter information of an existing account you want to add/change or remove from the state system. *Removing Account: Old bank account information will be moved into history, thus removing it from state use.*

9) Read the authorization.

10) You **must** hand-sign (**no** typed signatures, except for DocuSign). A date is required.