



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		C TYPE OF ACCOUNT																					
MAILING ADDRESS		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
CITY	STATE	ZIP																					
TELEPHONE NUMBER		D DEPOSITOR ACCOUNT NUMBER																					
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B FED TAX ID# OR PAYROLL ID NUMBER		E THIS BOX FOR ALLOTMENT OF PAYMENT ONLY																					
		TYPE	AMOUNT																				
<p>PAYEE CERTIFICATION</p> <p>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											
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<p>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 identified above.</p>												
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE	DATE									