



Montana's Insurance Carrier of Choice and Industry Leader in Service

Electronic Funds Transfer Authorization Agreement

(Print this form, complete it, and mail to the Montana State Fund.)

Policy Holder Name:	Policy Number:	Policyholder Federal Tax ID Number:

(Check one)

Checking Account	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>
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Bank Account Number			
Bank Routing Number			
Bank Name			
Bank Branch			
Bank Address			
City		State	
		Zip Code	

The above named employer hereby authorizes Montana State Fund, hereinafter called STATE FUND, to initiate variable entries to the employer's account indicated above for payment of the listed insurance premium. The EMPLOYER acknowledges that the origination of ACH 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 STATE FUND has received written notification from the EMPLOYER of its termination in such time and in such manner as to afford STATE FUND and DEPOSITORY a reasonable opportunity to act on it.

This authorization may be cancelled by STATE FUND if employer has insufficient funds on account to pay a transfer initiated by STATE FUND.

Policyholder Signature:	Date:

Enclose a voided check from your account along with this application and mail to: Montana State Fund, Attention: Accounts Receivable, P.O. Box 4759, Helena, MT 59604-4759. If you have any questions about completing this form, please contact a Customer Service Representative at 406-495-5000 or 800-332-6102.