



855 Front Street | P.O. Box 4759 | Helena, MT, 59601
 Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5025
 888-MT-CRIME or 888-682-7463 | TDD/TYY 406-495-5030
 montanastatefund.com | safemt.com

Automatic Withdrawal Authorization Agreement
 (Please complete this form and return to Montana State Fund.)

Policy Holder Name	
Policy Number	
Bank Account Number	
Bank Routing Number	
Bank Name	
Account Type (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize Montana State Fund to initiate variable EFT-Automatic withdrawals from the banking account listed above as payment when my policy becomes due. I authorize the financial institution listed above to accept these deductions 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 from the above listed bank account.

Bank Account Holder Signature:	Date:
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Please return to Montana State Fund

Mail to: Montana State Fund Attention: Finance,
 P.O. Box 4759
 Helena, MT 59604-4759.
 Fax to: 406-495-5025

If you have any questions about completing this form, please contact a Customer Service Representative at 800-332-6102.