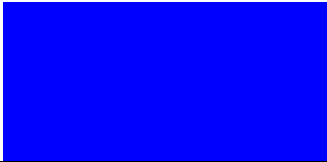


**DPHHS - Fiscal  
Accounts Payable  
Po Box 4210  
Helena, MT 59604-4210**



Questions please contact Fiscal. E-Mail: [fiscalw9@mt.gov](mailto:fiscalw9@mt.gov), Phone: 444-5932, Fax: 444-9763

**Note: All incomplete/altered forms will not be processed.**

**1) Request Type:**  Initial Request (1-7,10)  Change/Add Account (1-10)  Remove Account (5-10)

**2)** I, \_\_\_\_\_, hereby certify that the account indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the State of Montana to initiate, change or cancel credit entries to that account as indicated on this form.

This authority is to remain in full force and effect until the State of Montana has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford the State of Montana a reasonable opportunity to act upon it.

**3) New Bank Information:**

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Type:**  Checking  Savings

**5) Supplier Name:** \_\_\_\_\_

**6) Tax ID Number:** (must be 9 digits)

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**Type:**  SSN  FEIN

**7) Address:** (limited to 45 characters per line)

Line 1

Line 2

Line 3

City

State/Province

Postal Code

Country

Phone Number

E-mail

**8) Confirmation of existing bank account information:**

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Type:**  Checking  Savings

**9)** This authorization will remain in effect until either cancelled in writing or an updated form is submitted to the Agency you currently do business with.

**10) Authorized Signature** \_\_\_\_\_

Title (If Applicable) \_\_\_\_\_

**Date** \_\_\_\_\_