



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
www.trs.mt.gov
406-444-3134
1-866-600-4045

TRS Office Use Only

**AGREEMENT FOR ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT AUTHORIZATION
INSURANCE PREMIUMS**

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

Employer's Printed Name

Employer's Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

TRS Six-Digit Employer Number

The employer hereby authorizes the Montana Teachers' Retirement System (TRS) to remit insurance premiums for benefit recipients by Electronic Funds Transfer (EFT) Automated Clearing House Credit (ACH Credit). The employer certifies that they have selected the following depository financial institution and directs that all such EFT's be made as provided below.

Depository Financial Institution's Name

Area Code and Telephone Number

Depository Financial Institution's Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

Depository Financial Institution's Transit Routing Number

Account Number for ACH Credit

Account Holder's Federal Tax ID

Indicate Type of Account
 Checking Savings

Employer's EFT Contact Person's Name

Employer's EFT Contact Person's E-Mail Address

Area Code and Telephone Number

TRS will transfer funds from the State of Montana to the employer's account on the last business day of each month. The transfer of funds represents the insurance premiums due to the employer as stated on the monthly deduction report.

The employer will give written notice 30 days in advance to TRS of any changes in the depository financial institution information.

When properly executed, this agreement will become effective within 30 days after receipt by TRS.

Certifying Representative's Printed Name

Title

Certifying Representative's Signature

Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.