



Montana Teachers' Retirement System

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trs.mt.gov

TRS Office Use Only

FORM 140: AGREEMENT FOR ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE DEBIT AUTHORIZATION

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

EMPLOYER INFORMATION

Employer's Name ()

Telephone Number

Employer's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

TRS Employer Number

The employer hereby authorizes the Montana Teachers' Retirement System (TRS) to collect payments for employee and employer contributions due to TRS by Electronic Funds Transfer (EFT) Automated Clearing House Debit (ACH Debit). 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 ()

Telephone Number

Depository Financial Institution's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

Depository Financial Institution's Transit Routing Number Account Number for ACH Debit

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 ()

Telephone Number

TRS will transfer funds from the employer's account to the State of Montana within five calendar days from the date the wage and contribution report is submitted. The transfer of funds represents the amount owed to TRS as stated by the employer on the wage and contribution report.

The employer will give written notice ten days in advance to TRS of any changes in the depository financial institution information or to request other payment arrangements.

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

Certifying Officer's Name Certifying Officer's Title

Certifying Officer's Signature Date