



FORM 140A: AGREEMENT FOR ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT AUTHORIZATION
INSURANCE PREMIUMS

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 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 ( ) 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 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 ( ) 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 Officer's Name Certifying Officer's Title

Certifying Officer's Signature Date