

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

**ELECTRONIC FUNDS TRANSFER
(ACH Transfer)**

(Please deliver or fax to Treasury Unit)

Business Unit # (5 chars): _____

A/R Document #: _____

Amount: _____

Settlement Date (mm/dd/yyyy): _____

Description: _____

Authorized Signature (agency): _____

Printed Name: _____ Phone #: _____

SABHRS Entries (optional: for agency use)

| Apply Payments - Use - Regular Deposit Entry | | | | | Deposit ID | | |
|--|------------|-----------|-----------|--------------|-------------|---------------|--|
| Business Unit | Acctg Date | Bank Code | Bank Acct | Deposit Type | Control Amt | Control Count | |
| | | 028 | DEP | E | | | |

Payments

| Line | Payment ID | Amount | Jrnal Dir | Line | Payment ID | Amount | Jrnal Dir |
|------|------------|--------|-----------|------|------------|--------|-----------|
| 01 | | | Yes | 03 | | | Yes |
| 02 | | | Yes | 04 | | | Yes |

**Apply Payments - Use - Direct Journal Entry
(Accounting Entries)**

| Line | Speed Chart | Account | Fund | Org | Prog | Sub-Class | BY | Prj/Grt | Amount | Ref |
|------|-------------|---------|------|-----|------|-----------|----|---------|--------|-----|
| 01 | | | | | | | | | | |
| 02 | | | | | | | | | | |
| 03 | | | | | | | | | | |
| 04 | | | | | | | | | | |