

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

**ELECTRONIC FUNDS TRANSFER
(Domestic Wire Transfer)**

(Please deliver or fax to Treasury Unit)

Business Unit # (5 chars): _____

A/R Document #: _____

Amount: _____

Justification for using a *Wire* rather than *ACH*: _____

1099 Reporting: This payment doesn't require 1099 reporting.
 This payment requires 1099 reporting; a W-9 form is on file for this vendor and requesting agency will enter the information into the 1099 system.

Authorized Signature (agency): _____ Date: _____

Printed Name: _____ Phone #: _____

Check one transfer type below:

Repeat Code _____ Free Form (complete all fields below)

Instructions for Domestic Wire Transfer

Amount: _____ Date to be Wired (mm/dd/yyyy): _____

Recipient Bank ABA # (routing # - 9 digits): _____

Recipient Bank Name: _____

Recipient Bank City & State: _____

Beneficiary Account #: _____

Beneficiary Account Name: _____

Beneficiary Address: _____

OBI (Originator to Beneficiary Information to be Included - 140 char limit): _____

To Be Completed by Treasury Unit

Treasury Approval: Approved
 Not Approved Reason: _____

Agency Notified Authorized Signature: _____ Date: _____