|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATE OF MONTANA** **STATEWIDE ACCOUNTING SYSTEM** | | | | | | | | | | | | | | | | | | ELECTRONIC FUNDS TRANSFER **(Domestic Wire Transfer)** | | | | | | | |
| *(Please deliver or fax to Treasury Unit)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Unit # *(5 chars)*: | | | | | | | | 51030 | | | | | | | | | | | | | | | | | |
| 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: | | |  |