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| **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: | [x]  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  |       | [x]  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: |  |