

**MONTANA BOARD OF INVESTMENTS
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
INTERCAP LOAN PROGRAM**

Borrower Name:

Loan #:

I, the undersigned, a duly authorized representative, hereby authorize the Montana Board of Investments to initiate electronic debit and/or credit entries to the Account listed below. The authorized representative acknowledges the origination of ACH transactions to the listed account complies with provisions of U.S. law.

Name of Financial Institution to debit/credit Account:

Address:

City, State, Zip:

Financial Institution Routing Number:

For Credit To:

Checking Savings (check one) Account Number:

For Further Credit To (such as to _____ Fire or School District):

Type of transfer for this account:

INTERCAP Loan#

This authority remains in effect until the Montana Board of Investments and the designated Financial Institution have received a revised EFT Authorization from an authorized representative or Loan # _____ has been paid in full according to its terms.

Signature →

Date →

Printed Name →

Please notify the Montana Board of Investments if you have applied a filter or a block to your account.

Please mail with documents or upload the completed form to:

<https://mt.accessgov.com/boi/Forms/Page/intercap/intercap-attachments/0>