Exhibit B

ELH	ECTRONIC	FUNDS TRAN	SFER AUT	HORI	ZATI	ON F	ORM
	Montana Boa	gram Manager rd of Investments p@mt.gov					
PO Box Phone 406		Helena, M	Γ 59620-0126				
Local Governi	nent Name:						
STIP Account #: (For official use only)							
I, the undersigned, a duly Authorized Representative of the local governing board, hereby authorize the Montana Board of Investments to initiate electronic debit and/or credit to the account listed below. The Authorized Representative acknowledges the origination of ACH transactions to the listed account complies with the provisions of federal law.							
-		n of funds will be ary or shareholder Check one train	bank account.	Please			_
Che	cking Account		Savings Account				
Name of Bank→			Routing/ABA No→				
Address →				I	_	ı	
City →				State-	MT	Zip →	
Account Number-							
•		Representative of lete as of the date l		cipant t	hat the	inform	ation contained
Signature →			Date	e →			
Printed Name→			Title	e →			
Please notify the E	Board if you hav	ve applied a filter o	or a block to yo	ur acco	unt.		