Exhibit B

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

STIP Program Manager
Montana Board of Investments
boi_stip@mt.gov
PO Box 200126 Helena, MT 59620-0126
Phone 406.444.0003

Local Government 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 following account. The Authorized Representative acknowledges the origination of ACH transactions to the listed account complies with the provisions of U.S. law.

Any sale, purchase, or distribution of funds will be made by Electronic Funds Transfer or wire debiting or crediting the appropriate treasury or shareholder bank account. Please specify the local government depository.

Check one transaction type only.

Checking Account ☐		Savings Account ☐	
Name of Bank➔		Routing/ABA No➔	
Address➔			
City➔		State➔ MT	Zip➔
Account Number➔			

I hereby certify as the Authorized Representative of the STIP Participant that all of the information contained herein is true, accurate and complete as of the date hereof.

Signature ➔		Date➔	
Printed Name➔		Title➔	

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