



BANK OF MONTANA

MONTANA'S BUSINESS BANK

January 14, 2010

Dear Customer,

Thank you for choosing Bank of Montana! We appreciate your business, and look forward to building a strong relationship with you.

For your convenience, we have included the following checklist of the documents needed in order to complete all details of your switch to your new account here at Bank of Montana.

- Account Closing Request Form
- Automatic Payment Change Form
- Direct Deposit Change Form
- Federal Direct Deposit Form

We'd be happy to assist you in completing these forms if you would like. If you have any questions regarding your switch to Bank of Montana or if we can be of further assistance, please contact me either by e-mail at equade@bankofmontana.com or by phone at 406.829.2662.

Best Regards,

Emilie Quade
Bank of Montana



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Request to Close Account

Date _____

To _____
(Name of Financial Institution)

From _____
(Primary Account Holder)

Address _____

Please close the following account(s):

Account # _____
 Checking Savings Money Market Other _____

Account # _____
 Checking Savings Money Market Other _____

Account # _____
 Checking Savings Money Market Other _____

Please send any funds remaining in these accounts to:

- The address shown above, my address
- Bank of Montana, the info shown below

Attn: Emilie Quade

Address: 125 Bank Street, Suite 100. Missoula, MT. 59802.

Primary Account Holder's Signature

Secondary Account Holder's Signature



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Automatic Payments Change

Date _____

Dear _____,

(Vendor)

I am writing to notify you of a change in my bank account information. I currently have my payment automatically withdrawn from my checking savings account # _____ at _____ Bank on the _____ of the month. I would like to transfer these monthly transactions to my new bank, Bank of Montana. This letter shall serve as written notification of that intention. My account # with you is _____ (if applicable).

I understand that I need to provide at least ten (10) business days prior to the next scheduled transaction.

My new checking savings account # is:

Bank of Montana's ABA Routing Number is 092905524.

Thank you,

Signature

Date

Name _____

Address _____

City, State, Zip _____

Phone # _____

(Reminder: Attach a voided check from your new BOM account to this form.)



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Direct Deposit Change

Please return this completed request to your employer's human resources office for payroll direct deposit changes.

To: _____
(Your employer)

I have recently switched banks and would like you to begin electronically depositing my paychecks into my new Bank of Montana account. Below is all the information necessary to make this change.

SECTION 1 – Direct Deposit Authorization

Name _____
Social Security No. _____
Address _____
City, State, Zip _____
Company Name _____
Company Address _____

SECTION 2 – Deposit Instructions

Deposit the entire amount of my paycheck to checking account # _____

Deposit \$_____ of my paycheck into my savings account # _____
and place the remaining amount into my checking account # _____

SECTION 3 – Read and Sign Below

I hereby authorize:

- The above listed entity to initiate credit or debit (if necessary to correct an error) entries to my Bank of Montana account(s) for the purpose of electronically depositing my paycheck.
- This authorization is to remain in full force and effect until I send a written notice of change or cancellation.

Signature

Date

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ¹⁵⁻⁵¹/₁₀₀₀
AUSTIN, TEXAS
Check No. 0000 - 4157815
Month Day Year
08 31 84
Pay to the order of
29-693-775-00 C
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543
28 28
VA COMP
DOLLARS CTS
\$ ****100**00
NOT NEGOTIABLE
@000000516: 041571926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.