



Designation of Deposit for Direct Deposit

Montana Department of Commerce Montana Community Reinvestment Program

Section I: To be completed by MCR recipient

The _____ has been
(Name, Address and ZIP Code of MCR Recipient's Bank)

designated as the depository for all funds to be received from the Montana Department of Commerce resulting from MCR Contract #MT-MCR-_____
for deposit to: Checking or Savings

Account Name Account # American Bankers Association # (ABA – Routing/Transit)

Name of Grant Recipient Address

Signature of Chief Elected Official Title Date
or Executive Officer

Email address for notification of MCR payments made to grantee

Section II: To be completed by the bank

The account identified in Section I has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive state warrants from the State Auditor's Office for deposit to:

Account Name and/or Number

Name of Bank

Address

Signature of Authorized Bank Officer

Title of Authorized Bank Officer

Date