

BMO FUNDS DIRECT DEPOSIT AUTHORIZATION

For help with this authorization, or for more information, call us toll-free at 1-800-236-FUND(3863) or 414-287-8555.

1. To be Completed by the Employee

To establish Payroll Direct Deposit, please provide the following information.

Name *(first, middle initial, last)* _____

Employee Social Security Number _____ Daytime Telephone Number _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Please indicate your existing account number for the BMO Fund(s) in which you are establishing Payroll Direct Deposit and indicate the amount to be invested.

Name of BMO Fund	Account Number	Amount (\$50 min) per Pay Period
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

I hereby authorize my employer, named above, to make periodic investments into the BMO Fund(s) as indicated. I understand I may terminate this agreement by written notification to my EMPLOYER. Any such notification will be effective only after the employer has reasonable time to act.

Employee Signature _____ Date _____

2. To be Completed by the Employer or Agency Initiating Payment

Employer Tax I.D. Number (ACH Required) _____

99048514 _____

Coding Number _____

01100002-8 _____
Transit Routing Number

Cross Reference Number (To be completed by BMO Funds)

Notice to Employer or Agency - for ACH purposes, code this as a checking account.

3. Mailing Information

Regular Mail:
BMO Funds—U.S. Services
P.O. Box 219006
Kansas City, MO 64121-9006

Overnight Mail:
BMO Funds—U.S. Services
430 W 7th Street Suite 219006
Kansas City, MO 64105-1407