

Electronic Funds Transfer (EFT) Information Request Worksheet

Payee Information

Payee Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Address: _____

City: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Web Site Address *If Applicable*: _____

Bank Wire Information

Bank Name: _____

Bank City, State: _____

Bank Country: _____

Bank **Routing** Number: _____

Check *If Applicable*: ABA Swift Code BLZ

ABI/CAB Sort Code

Bank **Account** Number: _____

Bank Telephone Number: _____

Bank Fax Number: _____

Other information/Comments: _____

Payee Signature: _____ Date: _____

Printed Name: _____