# Electronic Payment Details



Please provide the following information regarding international (outside of the USA) electronic payments to be made from our third-party administrator PayerFusion Holdings LLC.

Submit Completed form to: corpaccounting@payerfusion.com

#### NOTE: All funds will be sent in US Dollars. PLEASE TYPE INFORMATION, WE WILL NOT ACCEPT HANDWRITTEN FORMS TO AVOID ERRORS.

#### **Account Holder Information**

Business Name				
Name on Account		Telephone Number		
Email				
Street Address				
Street Address (Line 2)				
City	Country	Postal Code		

### **Account Information**

Bank Name				
Bank Address				
City	Country	Postal Code		
Account Title	Checking Savings			
Bank ABA	Swift Code			
IBAN or National ID				
Routing Number	Account Number			

## Account Information (Intermediary Bank)

Please provide all intermediary bank information if funds are to be sent via a secondary account.

Bank Name				
Bank Address				
City	Country	Postal Code		
Account Title	Checking Savings			
Bank ABA	Swift Code			
IBAN or National ID				
Routing Number	Account Number			

Comments		
Name	Signature	Date (mm/dd/yyyy)

Upon receiving the requested information, PayerFusion Holdings LLC reserves the right to authorize a test transaction to ensure all information provided is accurate.

THIS WILL ALLOW US TO PAY DIRECTLY TO YOUR CHECKING ACCOUNT, PLEASE INCLUDE A COPY OF A VOIDED CHECK TO AVOID ERRORS.