



401 North Washington St, Suite 700  
Rockville, MD 20850  
Phone: 301-251-1161  
Fax: 301-251-5745

## WIRE BANK TRANSFER ENROLLMENT FORM – INTERNATIONAL

Payee Name:

Payee Address:

City/State/Zip/Country:

Contact Phone number:

Contact Email Address:

Bank Name:

Bank Address (City/State/Country):

Bank SWIFT/BIC Code:

Please choose one

Saving:

Checking:

Beneficiary Account Name:

Beneficiary Account No. (IBAN):

Beneficiary CLABE No. (For Mexico):

Intermediary Bank Name/ABA/SWIFT/IBAN/Account No. (if applicable):

I hereby authorize The EMMES Company, LLC (Emmes) to automatically deposit payments to the bank account referenced above. I understand that I am responsible for the validity of the information provided on this form and that The Emmes Company (Emmes) may rely on this information.

Authorized Signature:

Date: