

Electronic Payment Details International



Please provide the following information regarding domestic (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		
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Name	Signature	Date (mm/dd/yyyy)
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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.