## **Electronic Payment Details** International



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

Business Name					
Name on Account			Tel	Telephone Number	
Email					
Stroot Address					
Street Address					
Street Address (Line 2)					
City	Country	Country		Postal Code	
Account Information					
Bank Name					
Bank Address					
City	Coun	ntry		Postal Code	
Account Title		Checking Savings			
Bank ABA	Swift	Swift Code			
BAN or National ID					
Routing Number	Acco	ount Number			
Account Information ( lease provide all intermedia	I <b>ntermediary Bank)</b> v bank information if fund	ls are to be sent via a sec	ondary account.		
Bank Name	,				
Bank Address					
City	Cour	ntry		Postal Code	
Account Title		Checking Savings			
Bank ABA	Swift	t Code			
IBAN or National ID					
	Acco	ount Number			
	Acco	ount Number			
Routing Number	Acco	ount Number			
Routing Number	Acco	ount Number			
Routing Number  Comments	Acco	ount Number			
Routing Number	Acco	ount Number			

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.**