

WIRE INFORMATION FORM – INTERNATIONAL

(payee bank account outside USA)

Instructions:

1. To participate in this scheme complete **all** the information below and send it along with a copy of bank supported documentation (example, your banking instructions on bank letterhead) as part of documentation support. This to ensure that the information provided on the form matches that of information provided by the bank and to mitigate delays and or errors in processing your payments.
2. Contact Accounts payable at: aphelp@ngs.org

Special Notes :

- a. **MEXICO** – Wires must have a *CLABE # - Standard for bank accounts in Mexico (18 digits) Enter as Account Number below*
- b. **CANADA** – Wires must have *TRANSIT # (5 digits) and BRANCH CODE (3 digits) listed*
- c. **AUSTRALIA** – Wires must have *BSB # (6 digits) listed*
- d. **NEW ZEALAND** – Wires must have *(BSB# 6 digits) listed*
- e. **Other countries** - Please fill out the fields below and any additional information i.e. **South Africa** - Branch Code, **India** - IFSC Code, **China** - Branch Name.
 - Please contact your financial institution if you need assistance. You may use the link, for guidance on information (Payment Requirements) needed to effect payments to your country from the USA. <http://baml.bankofamerica.com/fxpaymentsguide/#world> If in doubt, please contact your financial institution for assistance.

Account Name (as listed on Bank Account):**Remittance Address (of Beneficiary):****Bank Name:****Account #****IBAN #:** [IBAN (International Bank Account Number) – if used by your bank/country – predominately Europe]:**SWIFT/BIC Code:****Currency:****Country:****Transit Number (if applicable)****Branch Code (if applicable)****Branch Name (if applicable)****BSB (if applicable)****Other information (if applicable)****Intermediary Bank (if applicable)****Account Number (if applicable):****SWIFT Code (needed) / ABA/Routing # (if applicable):****Addendum Information (i.e., For Further Credit instructions)****Signature of Authorized Person:** _____ **Date:** _____

Name:

Title:

Phone number:

Email address:

*** Required by Euro Member states:** (Austria, Belgium, Cyprus, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Slovakia, Slovenia Spain, Switzerland, United Kingdom, and by Saudi Arabia and Israel.