

FOREIGN WIRE AUTHORIZATION FORM

This form is used for travel reimbursement purposes only. Please complete the fields below in order to receive travel reimbursement by foreign wire.

NEW BENEFICIARY/ACCOUNT HOLDER INFORMATION	
Account Holder's Name	
Account Number or IBAN	CH1400700110003762795
Beneficiary/Account Holder's Address	Thea Aarrestad Idastrasse 5 8003 Zürich
NEW BANK INFORMATION	
Bank Name	Zürcher Kantonalbank
SWIFT / BIC Code	ZKBKCHZZ80A
Bank Address	Zürcher Kantonalbank Postfach 8010 Zürich

If you are changing existing wire information, the below section must be completed.

OLD BENEFICIARY/ACCOUNT HOLDER INFORMATION	
Account Holder's Name	
Account Number or IBAN	
Beneficiary/Account Holder's Address	
OLD BANK INFORMATION	
Bank Name	
SWIFT / BIC Code	
Bank Address	