



# DISTRICT GRANT Payee Information Form

**DISTRICT 2482**

**FOR GRANT ACTIVITIES TAKING PLACE DURING PROGRAM YEAR 20\_\_\_\_\_ - 20\_\_\_\_\_**

The following information, along with the DSG Request and Agreement Form, must be provided to The Rotary Foundation for the release of funds. The bank account must be a Rotary-controlled account. Payments will not be made payable to an individual(s), a cooperating organization, or beneficiary. Please write the *exact* name of the account. The form of payment will be based upon the geographic area. If a DSG payment is made in the form of a check, payment will be sent directly to the district Rotary Foundation committee chair. However, we recommend that districts provide all information necessary to facilitate sending funds via electronic funds transfer. The district may be held responsible for funds that are misdirected due to incomplete or incorrect payment information.

\_\_\_\_\_  
Name on the Bank Account

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Currency (US\$ or local currency)

\_\_\_\_\_  
Receiving Bank Name

\_\_\_\_\_  
Bank Address (including city and country)

\_\_\_\_\_  
Bank Telephone

\_\_\_\_\_  
Bank Fax

\_\_\_\_\_  
ABA Number (required for wire transfer within USA only)

\_\_\_\_\_  
Swift Code (required for international wire transfer)

\_\_\_\_\_  
IBAN and BIC (required for international wire transfer)

\_\_\_\_\_  
Other Required Codes (for international wire transfer)

For international US\$ wire transfers only you must include bank's U.S. correspondent/intermediary bank information requested below. Please contact your local bank to obtain this information.

\_\_\_\_\_  
Correspondent/Intermediary Bank Name (U.S. bank only)

\_\_\_\_\_  
Correspondent/Intermediary Bank Address (U.S. bank only)

\_\_\_\_\_  
ABA Number (U.S. bank only)

\_\_\_\_\_  
Intermediary/Correspondent Bank Telephone (U.S. bank only)

Provide the names of two Rotarians who will be the signatories on the grant account.

\_\_\_\_\_  
SIGNATORY NAME 1

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
SIGNATORY NAME 2

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail