



Direct Payment Form

Instructions: Please completely fill out the form below. In the Payment Information section, choose your method of payment and fill out the appropriate fields.

Date: _____

Provider Name: _____

Specialty: _____

Physical Address (no P.O. Box): _____

City: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Person: _____

Department/ Title: _____ Phone: _____

Payment Information

Funds may be transmitted via wire transfer directly to a bank account. If your facility would prefer reimbursement via wire transfer, please fill out the details below:

Bank Name: _____

Bank Address (no P.O. Box): _____

Beneficiary/Name on Account: _____

Account No.: _____ Currency Type *: _____

Routing No. (ABA, Branch Code, Sort Code, BSB, BLZ, TRNO, etc.): _____

Swift/BIC **: _____ IBAN **: _____

** If currency type is not specified, payments will be wired in U.S. Dollars.*

*** A Swift Code and/or IBAN must be provided, in order for a wire transfer to be issued.*

-OR-

A cheque can be sent by priority courier worldwide, to the physical address indicated on this form. If you prefer payment by cheque, please indicate who cheques should be made payable to below (cheques can only be issued in U.S. Dollars):

Cheque Payable to the Order of: _____