

CHARLES STEWART MOTT FOUNDATION

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Request for Wire Transfer of Funds

(Please Type Information in Form)

Grantee Organization Name: _____

Project Name: _____

Mott Grant Request Number: _____

Required Information to Process Wire Transfers:

Name of Bank to Receive the Funds: _____

Complete Address of Bank: _____

Grantee's Bank Account Number: _____

Outside U.S. (SWIFT Code): _____

Within U.S. (ABA Number): _____

For the following countries, special routing information must be provided:

Canada (Transit Number): _____

European Union (IBAN Number): _____

Germany (BLZ Number): _____

Mexico (Branch Number): _____

United Kingdom (Sort Code): _____

Additional Information Required When Using a Direct Correspondent Bank:

Name of Direct Correspondent Bank: _____

Complete Address of Bank: _____

Grantee's Bank Account Number: _____

Outside U.S. (SWIFT Code): _____

Within U.S. (ABA Number): _____

For the following countries, special routing information must be provided:

Canada (Transit Number): _____

European Union (IBAN Number): _____

Germany (BLZ Number): _____

Mexico (Branch Number): _____

United Kingdom (Sort Code): _____

Printed Name of Authorized Representative of the Organization

Title

Signature of Authorized Representative of the Organization

Date Signed