

Charles Stewart Mott Foundation
Wire Transfer of Funds Form
(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 Name: _____
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): _____

If Applicable – Additional Information Required When Using a Direct Correspondent Bank:

Name of Direct Correspondent Bank: _____
Complete Address of Bank: _____

Grantee's Bank Account Name: _____
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:
 European Union (IBAN Number): _____
 Germany (BLZ Number): _____
 United Kingdom (Sort Code): _____

Printed Name of Authorized Representative of the Organization

Title

Signature of Authorized Representative of the Organization

Date Signed