

Charles Stewart Mott Foundation
Wire Transfer of Funds Form
(Please Type Information in Form)

Grantee Organization Name: _____

Grantee Address: _____

Tax ID Number: _____

Mott Grant Request Number: _____

Required Information to Process Wire Transfers:

Name of Bank to Receive the Funds: _____

Grantee's Bank Account Name: _____

Grantee's Bank Account Number: _____

Outside U.S. (SWIFT Code): _____

Outside U.S. (IBAN Number): _____

Within U.S. (ABA Number): _____

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

Canada (Transit Number): _____

Brazil (Agency Number): _____

Mexico (CLABE Number): _____

United Kingdom (Sort Code): _____

South Africa (Branch Code): _____

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

Name of Direct Correspondent Bank: _____

Grantee's Bank Account Name: _____

Grantee's Bank Account Number: _____

Outside U.S. (SWIFT Code): _____

Outside U.S. (IBAN Number): _____

Within U.S. (ABA Number): _____

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

Canada (Transit Number): _____

Brazil (Agency Number): _____

Mexico (CLABE Number): _____

United Kingdom (Sort Code): _____

South Africa (Branch Code): _____

Printed Name of Authorized Representative of the Organization

Title

Signature of Authorized Representative of the Organization

Date Signed

Email Address