Charles Stewart Mott Foundation

Wire Transfer of Funds Form

(Please Type Information in Form)

Grantee Organization Name: _____

Street Address: _____

City: _____

State: _____

Country: _____

Tax ID Number: _____

Mott Grant Request Number: _____

Required Information to Process Wire Transfers:	
Name of Bank to Receive the Funds:	
Bank Account Name:	
Bank Account Number:	
Bank Account Country:	
Outside U.S. (SWIFT Code):	
Outside U.S. (IBAN Number):	
Within U.S. (ABA Number):	
***If Applicable* – Additional Information Required When Using a Direct Correspondent Bank:**	
Name of Direct Correspondent Bank:	
Outside U.S. (SWIFT Code):	
Within U.S. (ABA Number):	

_____ _____

Printed Name of Authorized Representative of the Organization — Title

_____ _____

Signature of Authorized Representative of the Organization — Date Signed

_____

Email Address