**Disability Rights Fund / Disability Rights Advocacy Fund**

**Grantee Bank Wire Form**

This form must be filled out **COMPLETELY** by organizations requesting payments by wire transfer. The form must be filed out in English. **Required information is noted with an asterisk**. Please consult your bank to complete this form.

***Grantee Information***

|  |  |
| --- | --- |
| **\*Grantee Organization Name:** |  |
| **Grantee Country** |  |

\*Are you using a fiscal sponsor to receive these funds? [ ] Yes [ ] No

***Recipient Information (This is the organization who will receive the bank funds.)***

|  |  |
| --- | --- |
| **\*Recipient organization Name** |  |
| **\*Organization Address, City, State/Province, Postal Code, Country** |  |
| **\*Name on bank account (if different from Organization Name)** |  |
| **\*Bank Name** |  |
| **\*Bank SWIFT/BIC or Routing Number** |  |
| **\*Bank Address, City, State/Province, Postal Code, Country** |  |
| **\*Recipient Bank Account Number/IBAN** |  |
| **Sort Code, BSB Code, IFS Code, etc. if applicable** |  |
| **Additional information for bank, if necessary** |  |

***Intermediary Bank Information (Optional)***

***(This is a financial institution that the wire must pass through before reaching the local bank.)***

|  |  |
| --- | --- |
| **Intermediary Bank Name** |  |
| **Intermediary Bank Routing/ABA, SWIFT/BIC** |  |
| **Intermediary Bank Account Number** |  |
| **Intermediary Bank Address, City, State/Province, Postal Code, Country** |  |
| **Additional information for intermediary bank, if necessary** |  |

*Explanation of different bank account name and/or additional comments:*

***FOR CURRENT GRANTEES:*** Has your banking information changed since you last payment from DRF/DRAF? [ ] Yes [ ] No

**Please note that DRF does not make grant payments to the accounts of an individual.**