

## Direct Deposit/Wire Transfer Form

**HERITAGE CONTRACT NUMBER** \_\_\_\_\_ **(the "Plan")**

This form is to be completed and signed by the subscriber(s) of the above-mentioned Heritage International Scholarship Trust Plan in order to release proceeds of the transaction via wire transfer. If your account is not a US dollar account, your payment will be converted to the currency of your account.

If the bank account belongs to only one subscriber (if the plan is jointly held), both subscribers must sign in the authorization section.

Please provide your bank account details in order to process the wire transfer successfully. To ensure that your wire transfer details are correct, please obtain this information from your bank. Incomplete or inaccurate information will result in non-payment or delays. If an attempt to wire your payment fails due to incorrect bank information, you will incur additional charges, which will be deducted from the proceeds of your payment. All fields must be accurately completed. If Intermediary banking details are applicable, please provide on a separate sheet.

**BANK NAME:** \_\_\_\_\_

**BANK**  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**BANK ACCOUNT NUMBER:** \_\_\_\_\_ **SWIFT CODE:** \_\_\_\_\_

**IBAN-IL#** \_\_\_\_\_

**ACCOUNT TYPE:** SAVINGS \_\_\_\_\_ CURRENT: \_\_\_\_\_

**CURRENCY:**  USD - US Dollar  CAD - Canadian Dollar  GBP - Great Britain Pound  Other \_\_\_\_\_ Please Specify

**ACCOUNT HOLDER**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**JOINT HOLDER**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**ACCOUNT HOLDER(S) ADDRESS:**  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

\_\_\_\_\_  
**Subscriber's Signature**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Subscriber's Name (Please print)**

\_\_\_\_\_  
**Joint Subscriber's Signature (if applicable)**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Joint Subscriber's Name (Please print)**