

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)