Request for Wire Transfer of Funds
(Please Type/Print Information in Form)

Grantee Organization Name: _____
(Legal Title of Organization)

Project Name: _____

Koch Foundation Application Number: _____

Required Information to Process Wire Transfers:

Name of Bank Receiving the Funds: _____

Complete Address of Bank: _____

_____

_____

Name of Account Holder (Organization): _____
(Please print full name clearly)

Grantee's Bank Account Number: _____

(SWIFT Code): _____

If the check is to be mailed, please provide the following information (Please print clearly):

Grantee Name: _____

Grantee Title: _____

Organization Name: _____

Organization Mailing Address: _____

_____

_____

_____

Phone Number/Fax Number: _____

E-mail Address: _____

Any questions should be directed to your fiscal agent.

_____ _____
Printed Name of Authorized Representative of the Organization Title

_____ _____
Signature of Authorized Representative of the Organization Date Signed