

<< BANK LOGO >>

<< BANK ADDRESS >>

<< CITY >>

<< COUNTRY >>

TO: United States Department of Health & Human Services
Payment Management Services

DATE:

RE: Currency Account Instructions – United States Dollars (USD)

Remittances can be affected to the following account as follows:

Recipient Name:

Bank Information:

Account Type: Checking Savings

IBAN #

Account #

Bank SWIFT Address/Code:

Bank Number:

Bank Name:

Bank Address:

Bank Additional Details, if applicable:

Recipient Country:

Intermediary (Secondary) Bank Fields (optional):

Bank #/SWIFT Address:

Bank Name:

Bank Address:

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Bank Representative Signature

Bank Representative's Name

Telephone Number (include country code)

Fax Number (include country code)

E-Mail Address