

NATO UNCLASSIFIED



NORTH ATLANTIC TREATY ORGANIZATION
SUPREME ALLIED COMMANDER TRANSFORMATION
7857 BLANDY ROAD, SUITE 100
NORFOLK, VIRGINIA 23551-2590

From: HQ SACT Budget & Finance (BUDFIN)

Subject: BANK AND BENEFICIARY INFORMATION

In order for HQ, SACT to process payments, it is essential that very specific and detailed information be provided. Please provide either U.S. or international bank information. **ALL** of the information is required to ensure the timely processing of payments.

FULL NAME must be completed on the account. Incomplete information may result in a payment delay.

ALL INFORMATION MUST BE TYPED.

Note: HQ, SACT will only use the provided Banking Information for deposit of Electronic Fund Transfers (EFT) and Wires only. All information provided will be safe-guarded and held at HQ, SACT.

COMPANY NAME:

D-U-N-S NUMBER:

ADDRESS 1:

ADDRESS 2:

CITY:

COUNTY:

STATE:

PROVINCE:

POSTAL CODE:

COUNTRY:

U.S. BANK INFORMATION

BANK NAME:

NAME ON ACCOUNT:

ROUTING NUMBER:

ACCOUNT NUMBER:

ACCOUNT CURRENCY:

INTERNATIONAL BANK INFORMATION

BANK NAME:

BRANCH NUMBER:

NAME ON ACCOUNT:

SWIFT CODE:

BANK ACCOUNT NUMBER:

IBAN (International Bank Account Nr):

ACCOUNT CURRENCY:

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