V.3 R. 6/09



WIRE TRANSFER INFORMATION FORM

This form is used to provide EC Suite with the information necessary to send payouts via wire transfer. *Note:* This form can only be submitted and signed by the principal owner of the EC Suite account or an individual who has previously been authorized to sign on the account.

The information requested below should be received from your bank. Wire transfers cannot be completed without the correct information.

All requests must be completely filled out, signed, and faxed to 480.449.8801. Alternately, signed requests can be scanned and emailed to contractadmin@ecsuite.com. For assistance completing this form, please send an email to contractadmin@ecsuite.com.

| Client Account/Affiliate ID* Number: | Subaccount Number (clients only): | |
|---|-----------------------------------|-------------|
| NEW BANK ACCOUNT INFORMATION | | |
| Name on Bank Account: | | |
| Bank Name: | | |
| Bank City: | | Bank State: |
| Bank Account Number/IBAN: | | |
| Bank Routing/ABA (within the U.S.) or Swift Code (outside the U.S.): | | |
| Bank Country: | | |
| Special Instructions: | | |
| | | |
| INTERMEDIARY BANK INFORMATION | | |
| This section is only used for international wires that are routed through a U.S. bank before going to the destination bank. Please contact your bank for further details. | | |
| Name on Bank Account: | | |
| Bank Name: | | |
| Bank City: | | Bank State: |
| Bank Account Number: | | |
| Bank Routing/ABA (within the U.S.) or Swift Code (outside the U.S.): | | |
| Bank Country: | | |
| Note: Please do not assume a change has been made until you receive email confirmation from EC Suite to the email address you have provided for the account. | | |
| * Affiliates: you will receive an email to confirm the request. You must respond to this email to confirm the request before any changes can be made. | | |
| Principal or Authorized Individual Printed Name: | | |
| Signature: | | |
| Title: | | |
| Date: | | |
| Contact Email: | | |