**APPENDIX B: Sample Wire Payment Information Form**

To wire funds to you, the following information is required. Please complete this form in full and return to:

Lawyer:

Email address:

(Name of Firm)

(Address of Firm)

1. Beneficiary Name:

Street:

City: Province: Country:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Number Transit Number Account Number

A VOID cheque or wire instruction sheet from the financial institution must be attached.

Foreign Account/IBAN:

2. Beneficiary Bank: Swift Code:

Street: ABA/Routing:

City: Province: Country:

3. Intermediary Bank Name (if applicable): Swift Code:

Street: ABA/Routing:

City: Prov/State Country:

4. Authorization: Please note it is your responsibility to ensure the information provided is correct. By signing below, you represent and warrant that you will not hold the above noted law firm responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or your financial institution due to an error on the part of your financial institution in depositing funds to your account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Signatory Signature of Authorized Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number Date *(mm/dd/yyyy)*

**For Internal Use Only**

The lawyer who has verbally confirmed

the above wire instructions must

provide their initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_