

# Wire Transfer Form

## for Claim Payments



**INTERNATIONAL**

*A division of Morgan White Group*

75 Valencia Avenue, Suite 801  
Coral Gables, FL 33134

Primary insured name	Customer number
<b>Bank Information *A separate copy of a VOIDED check is required with this form.</b>	
Name of bank account owner	Bank name
Address on bank account	
Bank address	
Account number	Checking Account      Savings Account      Other
Bank telephone number	
A.B.A. number	SWIFT number
IBAN number	18 digit CLABE number ( <i>México only</i> )

Note: This is the information needed by MWG International in order to deposit your claim payment. Wire transfer is the fastest way to receive your claim payment. Please be sure to provide all information requested on this form. It is the responsibility of the insured to inform MWG International if changing or closing bank account. A USD \$50 fee will be charged if funds are returned.

In the event funds are misdirected, MWG International has the authority to reverse those deposits made in error.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year