

Short-term Multi-buyer Policy Claim Section H - Wire Instructions

Claim Control No.: CAP0001091 (Draft)



Complete the following:

(* An asterisk denotes that a field is a required entry)

Routing Bank Name	*	<input type="text"/>
Routing Bank Street Address	*	<input type="text"/>
Routing Bank City	*	<input type="text"/>
Routing Bank State	*	<input type="text"/>
Routing Bank Zip	*	<input type="text"/>
Routing Bank Contact Name	*	<input type="text"/>
Recipient Bank Name	*	<input type="text"/>
ABA #	*	<input type="text"/>
Account Name	*	<input type="text"/>
Account #	*	<input type="text"/>
RE: Ex-Im # (AP #):	*	<input type="text"/>
Attention:	*	<input type="text"/>
Borrower:	*	<input type="text"/>