



AAAAI Faculty Reimbursement - Wire Transfer

First Name: _____

Last Name: _____

Address

*(include street address,
city, postal code,
country):*

Bank Name: _____

Bank Address

*(include street address,
city, postal code,
country):*

Account #: _____

Routing/ABA/ISBN #: _____

SWIFT code: _____

Please email cme@aaaai.org with any questions. Please do not send this information by email.