



GLOBALSKIN.ORG  
International Alliance of  
Dermatology Patient  
Organizations

## REQUEST FOR PAYMENT INFORMATION

Date:

Beneficiary Name:

Beneficiary Address:

Currency of Beneficiary:

Payment Amount (CAD):

Please choose either wire transfer or PayPal and complete all required information for that method of payment below.

### **Payment by Wire Transfer**

#### Primary Bank Details

Bank Name:

Bank Address:

Account Number:

IBAN:

SWIFT Code:

#### Intermediary Bank Details

Certain currencies require transfer through an intermediary bank. Please contact your bank to check whether you will also need to supply intermediary bank details to receive payment.

Bank Name:

Bank Address:

Account Number:

IBAN:

SWIFT Code:

### **Payment by PayPal**

PayPal e-mail address: