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FOREIGN WIRE TRANSFER AUTHORIZATION FORM**

Name: _____
(As it appears on your account)

Mailing Address: _____

Phone: _____ **Email:** _____

Please complete the following information with help from your depository bank.

Name on Bank Account: _____

SWIFT Code: _____ **Bank Name:** _____

Bank Address: _____

Bank Country: _____

IBAN#: _____ **Account#:** _____

I hereby authorize the American Mathematical Society and/or its subsidiaries to deposit my payments, and if necessary, reversals into the account listed above. Further, I agree not to hold the American Mathematical Society responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my bank or due to an error on the part of my bank in depositing funds to my account. This authorization will remain in effect until written notification of change or cancellation has been received by the American Mathematical Society.

Signature: _____ Date: _____
(Owner, Trustee, Executor or Authorized Person)

**Your bank transfer will be sent via International ACH if you reside in the following countries: Austria, Belgium, Canada, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Mexico, Netherlands, Panama, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, and United Kingdom. All transfers to other countries will be sent by foreign wire and will most likely result in fees being withheld by your bank or an intermediary bank along the way.

Save a copy of the completed form and [upload it to our secure server](https://attach.ams.org/filedrop/AMSFiscalDepartment) using this link.
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