


PAE-Form	Title: Electronic Funds Transfer Authorization			Number: PRO-040	
	Unit Issuing: GSCM	Approved by: VP GSCM	Initial Issue Date: 06/01/13	Page: 1 of 2	

PAE Procurement Policy Document Reference:
PAE-723 Payment Terms

Bank Name - Primary Checking: _____
 Bank Branch Address: _____
 Name on Bank Account / Payment Beneficiary: _____
 Beneficiary Account Number/IBAN#: _____

For US-Based Banks: *Note: The Wire and ACH ABA number may be identical.*

ABA Number – Wire Transfer (same day, with fee): _____
 ABA Number – ACH Transfer (next bank day, no fee): _____
 Routing Number : _____

For International Banks

Swift / Sort / Chips Code: _____

Intermediary Bank/ Correspondent Bank (If Applicable):


Bank Name: _____
 Bank Branch Address: _____
 Account Number (if Applicable): _____
 ABA Number : _____
 Routing Number : _____
 Swift / Sort / Code: _____

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REMITTANCE ADVICE

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Remittance Advice Email Address: _____
 (This is the email address where PAE can send advice on how to apply our payments if your bank does not provide that level of data.)

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This authorization is to remain in effect until PAE has received notification from me of its termination in such time and in such manner as to afford reasonable time to act on it.

I understand that a wire transfer transaction may incur a bank charge to be incurred by the beneficiary.

Name of Business Entity: _____

Name: _____ Title: _____

Phone Number: _____

Signature: _____ Date: _____