

**Archdiocese of Toronto - Pastoral Mission Fund and Mission Cooperative Program
Wire Transfer Information Request**

Diocese/Religious Order/Organization: _____

Signature: _____ Date: _____

As wire transfer requests are very precise, please provide the following information in its entirety (where applicable) in order for your Diocese/Religious Order/Organization to receive funds via wire transfer from the Mission Cooperative Program. All funds sent must be to the Diocesan/Religious Order /Organization account.

Please return this form as soon as possible to: mcp@archtoronto.org

MAIN BANK Identification	
Bank Name	
Bank Address	
Swift Code	
Diocesan/Religious Order Account Number	
Other Number (if applicable - IBAN, CIF, Bank Sort Code)	
Account Type Choose one - Account will accept and convert to local currency	<input type="checkbox"/> USD <input type="checkbox"/> EUROS
DIOCESAN / RELIGIOUS ORDER Identification	
Diocese/Religious Order Bank Account Name	
Diocese/Religious Order Bank Account Address	
INTERMEDIARY BANK Identification (if applicable)	
Bank Name	
Bank Address	
Swift Code	
Account Number	
Other Number (if applicable - IBAN, CIF, Bank Sort Code)	
Account Type (specify USD, EUROS, ETC.)	