



WIRE TRANSFER AUTHORIZATION FORM

This form authorizes Advita Ortho to electronically transfer payments and make adjustments to your bank or financial institution. Advita Ortho will provide you with confirmation for any transfers or adjustments.

ALL INFORMATION MUST BE PROVIDED IN ORDER TO RECEIVE PAYMENT

Attention to: Accounts Payable
 Advita Ortho
 2320 NW 66th Court
 Gainesville, FL 32653

Email: hcp.consulting@advita.com
accountspayable@advita.com

Mandatory fields*

Name of Individual, Business or Organization*			
<i>NOTE: The above name must EXACTLY match the name as it appears on your bank account. If the name above does not exactly match the name on your bank account, the bank will be unable to transfer money to your account.</i>			
Mailing Address*:			
City*:	Country*:	Postal Code*:	
Email Address*:		Telephone Number * <i>(Bank requires phone number for Wire Transfers)</i>	
Personal Email Address (Optional):			
BANKING INFORMATION			
Bank Name*:		Bank Telephone Number:	
Bank Address*:			
Account Number*:			
IBAN Number*:			
SWIFT Code*:			
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Currency Preference: Please confirm that your bank will accept funds in the currency selected, prior to submission.			
****Currency selection subject to acceptance by financial institution****			
<input type="checkbox"/> USD	<input type="checkbox"/> ARS	<input type="checkbox"/> AUD	<input type="checkbox"/> BRL
<input type="checkbox"/> CAD	<input type="checkbox"/> CHF	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP
<input type="checkbox"/> JPY	<input type="checkbox"/> KRW		
OTHER _____ (please specify)			
Authorization Signature:			Date:
<p>Advita Ortho must be notified in writing of any bank account changes or closure a minimum of 30 days in advance. Please provide this information to the address above. If the change involves a new bank or financial institution, or another account number a new Wire Transfer Authorization form must be submitted. Payments may be delayed pending receipt of the authorization form. If additional information is required, please contact us via email at: accountspayable@advita.com By signing this form and providing your personal information, you expressly authorize Advita Ortho to process and transfer the aforementioned personal data as needed to issue you the payment for the services you have provided to Advita Ortho.</p>			

