Mennonite World Conference – Jubilee Fund
Bank Information

MWC will transfer funds electronically to the bank account of the beneficiary organization or through an intermediary organization as per the beneficiary’s request.

Please complete in clear, block print

1. Will funds be sent to a bank account belonging to the beneficiary organization?
   ☐ Yes / ☐ No

   If No, what is the name of the organization through which the funds will be sent:
   _______________________________________________________________________

2. Currency in which the funds are to be sent:
   ☐ US Dollars    ☐ Canadian Dollars    ☐ Euros    ☐ Other ________________

3. Banking information:
   Part A:
   A.1. Account name (name of organization that owns the bank account):
   _______________________________________________________________________

   A.2. Country in which bank account is located: _________________________________

   A.3. ABA or BIC/SWIFT routing number: _______________________________________

   A.4. Name of bank: _________________________________________________________

   A.5: Address of bank (full):
   _______________________________________________________________________
   _______________________________________________________________________

   A.6. Account number: _______________________________________________________

   A.7. Account type (chequing, savings, or other): _______________________________
A.5: Address of organization that owns bank account (full):

__________________________________________________________________________
__________________________________________________________________________

Part B – Additional information required if currency is US dollars and destination bank is outside USA:

B.1 Intermediary bank country code:

__________________________________________________________________________

B.2 Intermediary bank ABA code: ____________________________________________

B.3 Intermediary bank name: _______________________________________________

B.5 Intermediary bank address (full):

__________________________________________________________________________
__________________________________________________________________________

Name and title of conference officer completing this form:

__________________________________________________________________________

Signature: __________________________________________________________________

Date: ___________________________________________________________________

Please return completed application to the following address:

E-mail: HenkStenvers@mwc-cmm.org

Surface Mail: Mennonite World Conference
Attention: Henk Stenvers
Rijksweg 37, 1411 GD, Naarden, Netherlands