



Controlled Release Society Wire Transfer Form

Name _____

Address _____

City _____ Zip Code _____

State/Province, Country _____

Bank Name _____

Bank Address _____

Bank Address (cont) _____

Swift Code _____

IBAN # _____

Account# _____

I certify that the information provided on this form is accurate and has been validated by my banking institution. I understand that transfer failure related to the accuracy of the information provided may result in forfeiture of remittance.

Name

Signature

Date

Thank you for completing this form to have your funds wired to your bank account.