



INTERNATIONAL  
FOOD POLICY  
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INSTITUTE

### U.S. PAYMENT INFORMATION REQUEST FORM

This form is to be used by those individuals/organizations who desire payments by check in U.S. dollar or payment by Automatic Clearing House (ACH) to U.S. banks ONLY

(PLEASE FILL THIS FORM COMPLETELY)

Save the completed and signed form and submit electronically to IFPRI via the Dropbox File Request link emailed to you

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I attest that the information below is valid and I am authorized to submit this information for payment.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Choose Form of Payment:**

- CHECK-Return the form using the Dropbox File Request link that was emailed to you.
- ACH-Please fill in the information below and return the form using the Dropbox File Request link that was emailed to you.

Beneficiary Name:	
Bank Account Number:	
Bank Name:	
Bank Address:	
Routing Number:	