



GUEST REIMBURSEMENT FORM

NAME: Last: _____ First: _____

PHONE: Cell: _____ Home/Other: _____

E-MAIL: _____

HOME ADDRESS: _____

City/State: _____ Country/Zip Code: _____

Please Note: Payees with an address inside of the United States will be paid via check which will be sent to the address provided. ACH is not available for guest reimbursements.

Payees with an address outside of the United States will be paid via wire transfer. *With this form, you must either 1)include wire details on bank letterhead OR 2)supply your most recent bank statement & have a representative of your bank complete the information on page 2.*



WIRE TRANSFER FORM FOR
INTERNATIONAL GUESTS

1. Account Holder's Name: _____

2. Address Associated with Account: _____

City/State: _____ Country/Zip Code: _____

Have a representative of your bank fill out the following:

3. Name of Bank: _____

4. Account Type: Checking Saving

5. Address of Bank: _____

City/State: _____ Country/Zip Code: _____

6. Swift/BIC Code: _____

7. IBAN: _____

Printed Name of Bank Representative

Signature of Bank Representative

Date

Official Bank Stamp:
(If Applicable)