



WorldTrips
 4 Carter Green, Suite 400
 Carmel, Indiana 46032
 Tel: 317-221-8075 Web: www.worldtrips.com

**AUTHORIZATION AGREEMENT FORM
 WIRE PAYMENTS**

Contracted Party (Company Name/Individual Name):
Producer/Agent Number with WORLDTRIPS:
For U.S., if Applicable: TIN (EIN if Company/SSN if Individual):

The Contracted Party hereby authorizes WORLDTRIPS to initiate credit entries to the account indicated below at the depository financial institution named below. It is also acknowledged that the origination of WIRE transactions to specified account must comply with the provisions of U.S. law.

Additionally, WORLDTRIPS has a **\$25.00** minimum on all wires sent. If payment amount for any given period is less than specified minimum, the payment will be held until future month(s) when the minimum amount is met.

Beneficiary Name (on Account):	Beneficiary Account Number:
Swift Code:	Bank Name (Depository Financial Institution):
Bank Branch:	Bank Address:
Bank City:	Bank Country:
Payee's Name on Bank Account:	Payee's Address on Bank Account:
Payee's City on Bank Account:	Payee's State on Bank Account:
Payee's Zip Code on Bank Account:	Intermediary Bank ABA Number or SWIFT Code (if Applicable):
If Using Intermediary Bank, Provide Any Forwarding Instructions (if Applicable):	

This authorization is to remain in full force and effect until WORLDTRIPS has received written notification from contracted party of its termination. Termination will be activated within 10 days of receipt.

Printed name of party completing form

Signature of party completing form

Date form completed