

DOMESTIC PAYMENT ORDER

▶ Company Name:		
▶ Account No.:	▶ Amount:	▶ Date:

BENEFICIARY BANK INFORMATION

▶ Beneficiary Bank Name: _____
▶ City / State: _____
▶ ABA Number (9 digits number): _____

BENEFICIARY INFORMATION

▶ Beneficiary Account No.: _____
▶ Beneficiary Name: Beneficiary Address: _____
▶ Details/Purpose of the Payment/Invoice No: _____

SENDER'S INFORMATION

▶ Name of Signatory: _____
▶ Authorized Signature: _____

(BANK) Preparer

(BANK) Authorized signature