



## Attachment E - Grantee Wire Payment Enrollment Form

Grantee Information	
Grantee Name	
Finance Contact Name	
Finance Contact Phone	
Grantee Mailing Address	
City, State and Zip Code	
Financial Institution Information	
Bank Name	
Branch/Location	
Bank Transit Routing/ABA Number <i>(for wire transfers)</i>	
Bank Account Number	

Remittance E-Mail (Required for payment notification)	
Finance Contact E-Mail	

Grantee Information			
<p>Grantee hereby certifies ownership of this account or an authorized representative for the organization that owns this account and hereby authorize the Foundation for Food &amp; Agriculture Research "FFAR" to remit payment via wire transfer. This authorization will remain in effect until Grantee has given written notice to terminate or until FFAR has notified Grantee that this authorization has been discontinued. Grantee agrees to notify FFAR in writing of any changes to the account information or termination of this authorization. If necessary, Grantee authorizes its bank and FFAR to make any appropriate adjustments for payments made in error. If there is a debit block on the account, refund of payments due to error will be remitted through invoicing. FFAR will contact the Finance Contact via phone to verbally confirm the financial institution information provided. Grantee attests that the correct contact information has been provided for all remittance related correspondences.</p>			
Name		Date	
Title			
Authorized Signature			

For questions regarding wire transfers, please contact Sami AlHarazi at 202-350-4173 or [finance@foundationfar.org](mailto:finance@foundationfar.org).