



**NORTH ATLANTIC TREATY ORGANIZATION**  
SUPREME ALLIED COMMANDER ATLANTIC  
7857 BLANDY ROAD, SUITE 100  
NORFOLK, VIRGINIA 23551-2590

**From:** HQ, SACT Fiscal Office – Account Payable  
**Phone:** 757-747-3692  
**Fax:** 757-747-3525  
**To:**  
**Subject:** BANK AND BENEFICIARY INFORMATION

In order for HQ, SACT to process payments, it is essential that very specific and detailed information be provided. Please provide either U. S. or international bank information. ALL of the information in the subcategory is required to ensure timely processing payments.

Note: HQ, SACT will only use the provided Banking Information for deposit only of Electronic Funds Transfer. All information provided will be safe-guarded and held at HQ, SACT.

**Name and Address:**

**Within the UNITED STATES**  **INTERNATIONAL**

**U.S. BANK INFORMATION**

**BANK NAME:**   
**NAME ON ACCOUNT:**   
**ROUTING NUMBER:**   
**ACCOUNT NUMBER:**   
**ACCOUNT CURRENCY:**

**INTERNATIONAL BANK INFORMATION**

**BANK NAME:**   
**NAME ON ACCOUNT:**   
**SWIFT CODE:**   
**IBAN:**   
(International Bank Account Number)  
**ACCOUNT CURRENCY:**