**PAYMENT METHOD FORM**

**CLIR MELLON DISSERTATION FELLOWSHIP**

|  |
| --- |
| **Personal information** |
| Name (as listed on bank account) |  |
| Address (as listed on bank account) |  |
| E-mail |  |

**To receive your fellowship stipend by wire payment**, provide the following information.

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Address |  |
| Bank City/State/Province |  |
| Bank Country |  |
| Account number |  |
| Routing number |  |
| SWIFT (or BIC) code (intl. accounts only) |  |
| IBAN (intl. accounts only) |  |

\*\*NOTE: A voided check or similar documentation from your bank showing your account and routing number must be included with this form before CLIR can issue a wire payment to you.

**To receive your fellowship stipend by check**, please provide an address below.

|  |  |
| --- | --- |
| Name |  |
| Mailing Address |  |
| Mailing Address (cont.) |  |
| City, State/Province, and Zip/Postcode |  |
| Country (if other than US) |  |

By signing below, I agree that I am either the account holder, or have the authority of the account holder, to authorize CLIR to make payments as indicated above.

**Signature Date**