

Operative Dentistry Incoming Wire Transfer Form

Bank Name: PNC Bank
 Bank Address: 500 First Avenue
 Pittsburgh, PA 15219
 Account Title: Operative Dentistry
 Reference:

It is VERY IMPORTANT that the sender of the funds provide identifying information Please instruct your banking institution to use your last name (or institution name) and/or your Customer ID number (CID) in the “from” section or in the “memo” field so we can properly apply your payment.

Wire Transfer

ABA/Routing Number 041000124
 Account Number: 4658972816
 SWIFT Code: PNCCUS33

TRANSMITTAL WIRE TRANSFER FORM

To ensure the proper crediting to your account, please complete this form and fax it to Operative Dentistry – (USA) +1 317 852-3162. This may also be sent as an email attachment. This form must be completed for each wire transfer expected.

Total US Dollars to Wire.

Select	Type of subscription	Totals
Sub Total		
Wire Transfer Fee		25.00
Total to Wire to Operative Dentistry		

Subscriber Name: _____

Customer ID number: _____

Shipping Address: _____

Email address (for confirmation): _____

Date: _____ Telephone: _____