

**CENTRAL DISBURSING SERVICES
WIRE TRANSFER
PAYMENT INSTRUCTION FORM (PIF)**

Input requirements can be viewed by placing the cursor over the input field

Contract# PMT#

Recipient Information

| | |
|---------------|----------------------|
| Payee Name | <input type="text"/> |
| Account Name | <input type="text"/> |
| Payee Address | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

Bank Information

| | |
|------------------|------------------------------------|
| Account Type | <input type="text" value="IBAN"/> |
| IBAN / Account# | <input type="text"/> |
| Bank Code Format | <input type="text" value="SWIFT"/> |
| Bank Code | <input type="text"/> |
| Bank Name | <input type="text"/> |
| Bank Address | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

Payment Information

| | | | |
|-------------------|--|-----------|--------------------------------------|
| Type of Payment | <input type="text" value="VENDOR_CHARGE OUR"/> | | |
| Mode of Payment | <input type="text" value="ELECTRONIC"/> | | |
| Recipient Country | <input type="text"/> | | |
| Payment Due Date | <input type="text"/> (mm/dd/yyyy) | | |
| Payment Currency | <input type="text" value="U.S. Dollar"/> | | |
| US Dollar Amount | <input type="text"/> | USD Value | <input type="text" value="#VALUE!"/> |
| Exchange Rate | <input type="text"/> | | <input type="text"/> |
| Foreign Amount: | <input type="text"/> | | <input type="text"/> |
| Additional Info | <input type="text"/> | | |

Intermediary Bank Information

| | |
|--------------------|------------------------------------|
| Bank ID Format | <input type="text" value="SWIFT"/> |
| Bank SWIFT Address | <input type="text"/> |
| Bank Name | <input type="text"/> |
| Bank Address | <input type="text"/> |
| | <input type="text"/> |

Payment Details

| | | |
|-----------------|-------------------------------------|----------------------|
| Payment Details | <input type="text" value="CON-NO"/> | <input type="text"/> |
| | <input type="text" value="INV-NO"/> | <input type="text"/> |
| | <input type="text" value="DRN-NO"/> | <input type="text"/> |

Additional Info
SIGN: CONTRACTOR OR REPRESENTATIVE

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| IDs for Pick-up/West | 1st ID | Number | 2nd ID | Number |
| Union Payments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Question Answer

| | | |
|--|---|---|
| Prepared by | Phone | E-mail |
| <input type="text" value="MICHAEL SCHROEDER"/> | <input type="text" value="614-693-4920"/> | <input type="text" value="michael.schroeder@dfas.mil"/> |

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT FOR PAYMENT RELEASE.

AUTHORIZED SIGNATURE:

c