

Payment Request Form



"Those who need money and those who can give money meet on the common ground of God's love."
~Henri J. Nouwen Society

This form is completed by grant applicants as part of a complete grant application.

Check Payment Instructions

Requestor: _____
Check Payable to: _____
(PROVIDE THE NAME ON THE BANK ACCOUNT WHERE THE CHECK IS TO BE DEPOSITED)
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Tax or Student ID (as applicable): _____
Additional Instructions: _____

Wire Payment Instructions

Beneficiary Name: _____
Beneficiary IBAN/Bank Account #: _____
Purpose of Funds: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Country: _____
Additional Instructions: _____

Beneficiary Bank Name: _____
SWIFT/ABA #: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Country: _____

Intermediary Bank Name: _____
INTERMEDIARY/RECEIVING/SECONDARY/PASS THROUGH BANK
SWIFT/ABA #: _____
Intermediary Bank Account #: _____
City: _____ State: _____ Zip: _____
Country: _____

Submit completed form with the respective grant application to The Order of the Daughters of the King® via mail, fax, or email:
101 Weatherstone Dr Ste 870, Woodstock GA 30188 ♦ Fax: (770) 517-8066 ♦ Email: DOK1885@doknational.org