



YOUR INTERNATIONAL  
PAYMENT PARTNER

CHOICE COMMERCIAL BANKING  
CHOICE CARD SERVICES

Please complete all information requested below.

**BENEFICIARY INFORMATION:**

Beneficiary Name: *Your name*  
Beneficiary Address: *Your address*  
Beneficiary Account No *Your FirstChoicePay Customer ID (top left of your FCP login page)*

**BENEFICIARY BANK (ACCOUNT WITH INSTITUTION) INFORMATION:**

Beneficiary Bank: *Your bank's name*  
Beneficiary Bank Address: *Your bank's full address including post/zip code and country*  
ABN No.: *If Australian put ABN otherwise for any other country put IBAN here*  
SWIFT Code: *Your bank's SWIFT code*  
Beneficiary Bank Account No.: *Your bank account number*

**INTERMEDIARY BANK (OPTIONAL):** *Only complete if your bank uses a 3<sup>rd</sup> party bank to*

*handle international transfers*  
Intermediary Bank:  
Intermediary Bank Address:  
Intermediary ABN No:  
Intermediary SWIFT Code:

*Signature (must match the signature in your passport!)*

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**Print Name:** *Print your name in full*

**Date:** *Print the date in full*