



# Rotary International District Governor Payee Information Form

All district governors-elect are required to complete this document in order to receive their district governors' allocation and other payments from Rotary International such as International Assembly reimbursements. Please refer to the following instructions to complete the District Governor Payee Information Form. Payments will be delayed if incomplete or incorrect information is provided.

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## Please note the following instructions:

**Deadline:** Email your completed form to [vendors@rotary.org](mailto:vendors@rotary.org). Please refer to your DGE Registration packet regarding submission deadline.

**Electronic submission:** You do not need to sign the form as your email address will verify your identity.

**Fax submission:** Electronic submission is preferred. However, if you are unable to email this form, fax your signed and dated form to +1-847-556-2137. Please print out this form from your computer and print legibly using a dark color ink.

**Navigating the form:** Use the "Tab" key to move through the fields.

**Rotary International Payment Guidelines:** Refer to the [Payment Guidelines](#) to determine payment method, currency, and required banking information for your country. If your bank account is located in a different country from your country of residence, please look up the country where payment will be sent. Also note that payment may come from a different country, so the banking requirements may be different from those for sending a domestic transfer.

**EFT payment:** Most payments are sent via electronic funds transfer (EFT) because this is the safest and most economical payment method. For EFTs, please provide the **exact** name on the account and all required information per the [Payment Guidelines](#).

**U.S. correspondent bank information:** This information is required if you are receiving an international EFT in U.S. dollars; see the [Payment Guidelines](#). Please contact your bank for assistance in providing the correct information.

**Check payment:** Checks will be sent directly to your personal or district address.

**Questions?** Contact your [Club and District Support representative](#) for assistance.



The Payment Guidelines are found at [www.rotary.org/RIdocuments/en\\_pdf/rits\\_payment\\_guidelines\\_en.pdf](http://www.rotary.org/RIdocuments/en_pdf/rits_payment_guidelines_en.pdf) or at [www.rotary.org](http://www.rotary.org) (click **Members > General Information > Travel Services > Payment Guidelines for Rotarians**).

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## Instructions for Completing Your Payee Form:

**Section A:** Complete this section regardless of your method of payment.

**Section B:** Indicate your choice of payment for personal expense reimbursements by putting an X in one of the boxes. Please refer to the [Payment Guidelines](#) to determine payment options available for your country.

**Section C:** Indicate your choice of payment for district governor allocations by putting an X in one of the boxes.

If you elect to send your allocation to the district, you are still responsible for the use and documentation of allocation funds. Please refer to the [Payment Guidelines](#) to determine payment options available for your country.

**Section D:** Complete this section if you would like your personal expense reimbursements or district governor allocation payments paid to your personal bank account.

**Section E:** Complete this section if you would like your personal expense reimbursements or district governor allocation payments paid to your district address or via EFT.

**Section F:** Complete this section if you would like your personal expense reimbursements or district governor allocation payments paid to your district bank account.

# District Governor Payee Information Form

**Complete and return this form electronically** If you are unable to email your form, you may submit it via fax. Refer to the instructions on the previous page to complete your form.

## SECTION A: Personal Contact Information

All district governors are required to complete this section.

Name and District #		
Personal Tax Identification Number	<i>[Required for USA (SS#), Brazil (CPF), Chile (RUT), and Colombia (RUT) DGEs]</i>	
Mailing Address		
City, State, Postal Code, Country		
Primary Phone		
Primary Email		

## SECTION B: How would you like to receive **personal expense reimbursements** (such as International Assembly reimbursements)?

- |   |   |
|---|---|
| <input type="checkbox"/> Check/draft to personal address (Section A address)  | <input type="checkbox"/> Personal EFT (Fill out section D)        |
| <input type="checkbox"/> Check/draft to district address (Fill out section E) | <input type="checkbox"/> District EFT (Fill out sections E and F) |

## SECTION C: How would you like to receive **district governor allocation payments**?

- |   |   |
|---|---|
| <input type="checkbox"/> Check/draft to personal address (Section A address)  | <input type="checkbox"/> Personal EFT (Fill out section D)        |
| <input type="checkbox"/> Check/draft to district address (Fill out section E) | <input type="checkbox"/> District EFT (Fill out sections E and F) |

**Note for Sections B and C:** Please refer to the [Payment Guidelines](#) to determine accepted payment methods for your country.

**SECTION D: Personal EFT** Complete this section if you would like your personal expense reimbursements or district governor allocation payments to be paid to your personal bank account.

Exact Name on Bank Account, i.e., Payee Name (Payment can be made only in the name of the governor or the district.)	
Bank Account Number	
Bank Account Type (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (please specify) _____
Bank account will accept payment in (select all currencies that apply):	<input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Other (please specify) _____

### Receiving Bank Information:

Receiving Bank Name	
Receiving Bank Address/City/Postal Code/Country (city and country required)	
Receiving Bank Phone	
Direct Deposit ABA Routing #	<i>(Required for all U.S. EFTs)</i>
SWIFT Code/BIC	<i>(Required for all international transfers)</i>
IBAN	<i>(Required for all European payments)</i>
Other required bank codes (such as BSB, Sort, Branch, IFSC, or Bank Clearing code). Please specify.	

**Note:** Section D continues on next page. Please enter U.S. correspondent information if required for your country per the [Payment Guidelines](#).

**SECTION D Continued: Personal EFT**

For international USD EFTs, include your bank's U.S. intermediary/correspondent bank information.

Bank Name	
Address/City/State	
Phone	
ABA Routing # (required)	

**SECTION E: District Contact Information** Complete this section if you would like your personal expense reimbursements or district governor allocation payments paid to your district address or via EFT.

District Contact Name	
District Address/City/State/Postal Code/ Country	
District Phone	
District Contact Email	
District Tax Identification Number (required for Brazil, Chile, and Colombia DGEs) if payment will be made to a district bank account	

**SECTION F: District EFT** Complete this section if you would like your personal expense reimbursements or district governor allocation payments paid to your district bank account.

Exact District Account Name (Payment can only be made in the name of the governor or the district.)	
District Bank Account Number	
District Bank Account Type (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (please specify) _____	
Bank account will accept payment in (select all currencies that apply): <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Other (please specify) _____	

**District Receiving Bank Information:**

District Receiving Bank Name	
District Receiving Bank Address/City/Postal Code/Country (city and country required)	
District Receiving Bank Phone	
Direct Deposit ABA Routing # <i>(Required for all U.S. EFTs)</i>	
SWIFT Code/BIC <i>(Required for all international transfers)</i>	
IBAN <i>(Required for all European payments)</i>	
Other required bank codes (such as BSB, Sort, Branch, IFSC, or Bank Clearing code). Please specify.	

**Note:** Section F continues on next page. Please enter U.S. correspondent information if required for your country per the [Payment Guidelines](#).

**SECTION F Continued: District EFT**

**For international USD EFTs, include your bank's U.S. intermediary/correspondent bank information.**

Bank Name	
Bank Address	
Bank Phone	
ABA Routing # (required)	

**Rotarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_