



DISTRICT GOVERNOR PAYEE FORM

All district governors-elect are required to complete this form in order to receive their district governor allocation and other payments from Rotary, such as International Assembly reimbursements. Your submission deadline is in your district governor-elect registration packet. Before you fill out the form, refer to the [Rotary Payment Instructions by Country](#) (available on Rotary.org) to determine the payment method, currency, and required banking information for your country.

District governors in Argentina (Cuil or CUIT), Brazil (CPF), Chile (RUT), and Colombia (RUT) are required by law to provide a personal tax identification number. You may provide it on this form or directly to your Club and District Support representative.

U.S. district governors must provide a social security number. Rotary is required to send you a 1099 Form if the expense report(s) documenting allocation use is not provided. Even if the allocation is paid to the district bank account, you are ultimately responsible for these funds. You may provide it on this form or directly to your Club and District Support representative.

Email this form to Rotary's Accounts Payable Department at vendors@rotary.org. Alternately, you may print and fax it to +1-847-556-2137. If you complete the form by hand, print legibly in black or blue ink. Questions? Ask your [Club and District Support representative](#).

* Indicates a required field

SECTION A: CONTACT INFORMATION

*Full Name _____

District # _____ Rotary ID _____

*Personal Tax Identification Number _____
(required for U.S. (SS#), Argentina (Cuil or CUIT), Brazil (CPF), Chile (RUT), and Colombia (RUT))

*Mailing Address _____

*City _____ State/Province _____

Postal Code _____ *Country _____

Primary Phone _____ Primary Email _____

SECTION B: PAYMENT METHODS

*Personal Expense Reimbursements (such as International Assembly reimbursements)

Personal EFT (Fill out section C)

District EFT (Fill out sections D and E)

*District Governor Allocation

Personal EFT (Fill out section C)

District EFT (Fill out sections D and E)

SECTION C: PERSONAL EFT

Complete this section if you want your personal expense reimbursements or district governor allocation paid to your personal bank account by EFT (electronic funds transfer). Beneficiary must be in your name; joint accounts with a spouse are acceptable.

*Account Holder Name (Beneficiary) _____

*Bank Account Number _____

*Bank Account Type (select one): Checking Savings Other (please specify) _____

*Bank Account Currency _____

*Bank Name _____

*Bank Address/City/Postal Code/Country _____
(city and country required)

Bank Phone _____

*Direct Deposit ABA Routing # _____
(required for all U.S. EFTs)

*SWIFT Code/BIC _____
(required for all international transfers)

*IBAN _____
(required for all European payments)

*Other required bank codes _____
(BSB, Sort, Branch, IFSC, CLABE, CBU, or Bank Clearing code; refer to [Rotary Payment Instructions by Country](#))

*U.S. Correspondent Bank Name _____
(required for international USD EFTs)

*U.S. Correspondent Bank ABA Routing # and/or SWIFT Code/BIC _____
(required for international USD EFTs)

SECTION D: DISTRICT CONTACT INFORMATION

Complete this section if you want your personal expense reimbursements or district governor allocation payments paid to your district bank account.

District Contact Name _____

*District Mailing Address _____

*District City _____ District State/Province _____

District Postal Code _____ *District Country _____

District Phone _____

District Contact Email _____

*District Tax Identification Number _____
(required for Argentina, Brazil, Chile, and Colombia)

SECTION E: DISTRICT EFT

Complete this section if you would like your personal expense reimbursements or district governor allocation payments paid to your district bank account by EFT (electronic funds transfer). Beneficiary must be in district's name; you are responsible for the use and documentation of allocation funds.

*Account Holder Name (Beneficiary) _____

* Account Number _____

*Account Type (select one) Checking Savings Other (please specify) _____

*Account Currency _____

*Bank Name _____

*Bank Address/City/Postal Code/Country _____
(city and country required)

Bank Phone _____

*Direct Deposit ABA Routing # _____
(required for all U.S. EFTs)

*SWIFT Code/BIC _____
(required for all international transfers)

*IBAN _____
(required for all European payments)

*Other required bank codes _____
(BSB, Sort, Branch, IFSC, CLABE, CBU, or Bank Clearing code; refer to [Rotary Payment Instructions by Country](#))

*U.S. Correspondent Bank Name _____
(required for international USD EFTs)

*U.S. Correspondent Bank ABA Routing # and/or SWIFT Code/BIC _____
(required for international USD EFTs)

*District Governor Signature _____ Date _____
(Not required if submitted by email)