

IMSH PAYMENT INSTRUCTIONS

PAY BY CHECK:

**Please include original invoice and send payments to:
Society for Simulation in Healthcare
2021 L. Street NW, Suite 400
Washington, DC 20036**

WIRE TRANSFER:

When initiating a wire transfer, in the description or OBI (Originator Bank Information) please include the invoice number (if applicable) and the name of the person or organization payment is intended for (example: Jane Doe, Membership, Inv 12345)

In order to ensure that your wired funds are successfully credited to your account, please send an email to membership@ssih.org with the following information:

- Name and email address of person initiating the wire
- Name of bank transmitting the funds
- Amount of funds that will be wired USD
- Reason for the wire transfer, such as program and name of person

There is a \$30 (USD) incoming wire fee that must be included in any international payment made via wire transfer.

Incoming Wire Info (International)
Routing number: 121000248
Account Number: 8479834353
SWIFT Code: WFBIUS6S
Bank Name: Wells Fargo
Address: 1360 S Frontage Rd
Hastings, MN 55033