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