

Release of Liability Form

I hereby grant authorization to the specified individual to receive an international wire transfer from Maryland Global Initiatives Corporation (MGIC) on my behalf. I affirm that the provided information is accurate and true to the best of my knowledge, and I understand that MGIC bears no liability for the funds transferred to the bank account indicated below.

Name of MGIC Payee providing authorization: _____

Amount of MGIC funds (and currency) to be received on Payee's behalf: _____

Signature of MGIC Payee providing authorization: _____

Date of signature: _____

Authorized Recipient details and Bank Information:

Name	
Address	
Phone Number	
Tax Identity Number (if required by receiving bank)	
Bank Name	
Bank Address	
SWIFT or IBAN	
Name on Bank Account	
Bank Account Number	
Currency of Bank Account	

Signature of Authorized Recipient confirming accuracy of bank information and agreeing to receive funds on behalf of MGIC Payee: _____