



{ ACH or Wire Transfer Form }

ACH Wire Transfer Request: If you would like IMG to use Direct Deposit to send reimbursement for medical claims or other reimbursable medical costs paid out by you as a volunteer, please indicate below by completing full details of bank and transfer information.

Name of Volunteer: _____

Peace Corp ID: _____

Name of Account Holder (exactly as it appears on the account): _____

Bank Account Number: _____ Routing Number: _____

Bank Name: _____ Bank Phone Number : _____
(IBAN Number or Swift code required for non US Wire Transfers)

Bank Address: _____

I hereby authorize International Medical Group, Inc. (IMG) to electronically credit my account for the reimbursement of eligible medical costs as allowable under the Peace Corps Benefit Program. I understand that this authorization will remain in force until revoked by me in writing.

Signature: _____ Date: _____

You may submit completed form to IMG by:

Email: PCcare@imglobal.com

Fax: (855) 731-9443

Postal Mail: IMG

P.O. Box 88506

Indianapolis, IN 46208-0500