

Electronic Wire Form



This information is required to conduct an electronic wire transfer of funds from your financial institution to International Medical Group®(IMG®). **Please provide this information to your financial institution.**

IMG's Financial Institution Name: **PNC Bank, NA**

Account Holder Name: **International Medical Group - Operating**

If certificate holder is sending the money by wire:

Account Name: International Medical Group – Operating

Bank Name: PNC Bank, NA

Bank Address: 101 W. Washington Street
Indianapolis, IN 46255, USA

Routing Number: 041000124

Account Number: 4622468116

Swift Number*: PNCCUS33

**only used on out of the United States wires-use PNC's main office address in Pittsburg, PA*

If certificate holder is sending the money by ACH:

Account Name: International Medical Group – Operating

Bank Name: PNC Bank, NA

Bank Address: 101 W. Washington Street
Indianapolis, IN 46255, USA

Routing Number: 071921891

Account Number: 4622468116

Your sending institution needs to include the following information on the wire transfer:

Certificate Number:

Name of Primary Certificate Holder:

Name of Group (if necessary):

Note: Please include the certificate/policy number and or policyholder's name you are paying for in the Originator to Beneficiary Field (also referred to as Field Tag 6000), which contains **140 characters** for additional remittance information.

For more information or questions about sending an ACH or Wire, please contact IMG's Premium Accounting Department by phone at **1.317.655.4500** or email **PHSF@imgglobal.com**.