

Wire Transfer Form

Vendor Information

Payee/Beneficiary Information

Name

Name

Address 1

Address 1

Address 2

Address 2

Address 3

Address 3

Intermediary or Correspondent Bank *(If necessary)*

Payee/Beneficiary's Bank

Bank Name

Bank Name

Address 1

Address 1

Address 2

Address 2

Address 3

Address 3

SWIFT/ABA
ROUTING#

SWIFT/ABA
ROUTING#

Payee/Beneficiary
Account #

IBAN *(If available)*

Currency

Amount

Memo
(ex: Invoice#, description of product)

Disclaimer: A wire fee will be required (\$15 domestic/\$35 international). This fee will be expensed against the departmental cost center by category provided on this form. In the event that foreign currency is sent, the funds are subject to the bank's current exchange rate.

Departmental Use Only *(Optional)*

For A/P Use Only

CCN

Account#

Category

APID