

Check One: Domestic Wire International Wire

Agency Name: _____

Agency Number: _____

Date Transfer to Occur: _____

Agency Account to be Charged: _____

Amount of Transfer: _____

Currency (if other than US \$): _____

Beneficiary: _____
35 Characters Maximum

Beneficiary Account Number (IBAN): _____

Beneficiary Street Address: _____
35 Characters Maximum

Beneficiary City/State/Country: _____
35 Characters Maximum

Beneficiary Bank Name: _____
35 Characters Maximum

Beneficiary Bank SWIFT (International Only): _____
or ABA Routing (Domestic Only)

Beneficiary Bank Street Address: _____
35 Characters Maximum

Beneficiary Bank City/State/Country: _____
35 Characters Maximum

Message for Beneficiary: _____
105 Characters Maximum

Department: _____

Index or Fund: _____

Account Code: _____

Department Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Contact Name: _____

Phone: _____

Business Center Invoice Approver:

Approver Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Business Affairs Use Only - Financial Accounting & Analysis Review

Signature: _____

Date: _____

Printed Name: _____