ELECTRONIC FUNDS TRANSFER (EFT)



Date

To send a Wire Transfer, you will need the following information:

Before you submit this request, please verify that no other means of payment is acceptable, such as college check or credit card: (Please check box)

I have confirmed that payee will accept no other means of payment.

- The Name of the person to whom you are sending the transfer (i.e. the Beneficiary)
- The Beneficiary's Address
- The Account Number to which the funds you are sending will be credited
- The Name and Address of the Bank to which the funds are being sent (i.e. the Receiving Bank)
- The Bank Code of the Receiving Bank:
 - ABA Routing #: (for *domestic* wire transfers)
 - SWIFT #: (8 digits) (for *international* wire transfers)

Please fill in the following information:

Receiving Bank Information

Approved by Susan Hogan - Controller

| Acceiving Dank Intolli | iation | | | |
|--------------------------------|---------------------|-------------------------------|---|---------|
| Bank Name: | | ABA Routing #: | | |
| | | (for domestic wire transfers) | | |
| Bank address (or Branch name): | | | SWIFT # (IBAN): (8 digits) (for international wire transfers) | |
| | | | This is the Bank Code of the Receiving Bank | |
| Beneficiary Information | on | | | |
| Account Name: | | | | |
| Account #: | | | Amount: | |
| Currency: | | | Country: | |
| College account to charge: | Psacet: | Fund: | Dept #: | Proj #: |
| Signature of person requ | uesting wire transf | fer or completing | form: | |
| | | | | / |
| Signature | | Print | | Date |
| | | | | / |
| Approved by (Signature) | | Print | | Date |
| | | SUSAN | HOGAN | / / |

Print