

WIRE TRANSFER REQUEST

PLEASE TYPE RESPONSES IN THE FORM FIELDS, DO NOT FILL OUT BY HAND

Beneficiary must complete sections 1, 2, 4.a. unless payment information can be validated by:

- An invoice or other document from the beneficiary with all required Beneficiary and Bank information **attached** (see sections 1 and 2 for details required). Check box to the right, fill in Beneficiary Name in section 1, and then complete sections 3 and 4.b.
- A confirmation of a previous payment by wire to this beneficiary in the last 18 months **attached**. Check box to the right, fill in Beneficiary Name in section 1, and then complete sections 3 and 4.b.

1. BENEFICIARY AND BANK INFORMATION

Beneficiary Name: _____

Address: _____

Country: _____ Email: _____ Phone: _____

Name on Bank Account: _____

Note: The name on the bank account MUST match the beneficiary name unless there is clear and legal documentation attached showing that one is doing business as (dba) the other.

Bank Name: _____ Bank Country: _____

Account Number/IBAN: _____ SWIFT/BIC/ABA: _____

Bank Address: _____

[Electronic Funds Transfer Country Requirements](#) should be reviewed for any additional required input concerning CNAPS / BSB / Sort/ Transit / Routing Code / Purpose of Payment / etc.:

Currency-specific required information: _____

2. INTERMEDIARY BANK INFORMATION (if applicable)

Bank Name: _____ Bank Country: _____

Account Number/IBAN: _____ SWIFT/BIC/ABA: _____

3. TRANSACTION DETAILS

Currency to be sent: _____ Amount: _____

Invoice #: _____ Memo: _____

4. AUTHORIZATION

a. Beneficiary Only

I certify that the information above is correct, that I am an authorized signer or designee of the account listed above, and that I am authorized to provide this information.

I hereby request Purdue University to transfer funds to the account and financial institution above.

Name: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

b. Purdue Only

By attaching this form to a ZV60 I certify the following:

The information provided to make this payment has been appropriately verified with the beneficiary.

I understand that the Office of Treasury Operations cannot control the date funds are available to the beneficiary.

Name: _____

Department: _____

Email: _____

Phone: _____