

Southern Methodist University
Wire Transfer Form

Request date: Transmittal Request Date:
Department: Phone #:

COMPLETE WIRING INSTRUCTIONS:

Bank Name: Bank ABA or Routing or IBAN #:

Complete Bank Address

Swift Code (Where applicable) -International Wires

Beneficiary / Payee's name or Account Description

Complete Beneficiary's Address

Beneficiary's Account Number

Additional Wire Instructions:

Purpose of the Wire

Please attach original documentation, invoices, payment request form & wire instructions from beneficiary.

Total Amount of Payment:
Wire Amount: **Currency:**

Requestor:	<input type="text"/> Printed Name	<input type="text"/> Signature	<input type="text"/> Date
Approved by:	<input type="text"/> Printed Name	<input type="text"/> Signature	<input type="text"/> Date
Approved by:	<input type="text"/> Printed Name	<input type="text"/> Signature	<input type="text"/> Date
Approved by:	<input type="text"/> Printed Name	<input type="text"/> Signature	<input type="text"/> Date
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