

Vendor Wire Authorization Form
University of San Diego Office of Accounts Payable

1. Please Check One:

NEW Wire Information

CHANGE Wire Information

CANCEL/DELETE Wire Information on File

2. Beneficiary Account Information

Account Name:

Account Address:

Email Address:

Notes to AP:

3. Beneficiary Bank Information (fill-in all applicable information)

Name of Receiving Bank:

Address of Bank:

Routing Number:

Swift Code:

Intl. Routing Code:

Account Number:

IBAN:

CLABE #:

4. Intermediary Bank Information (fill-in all applicable information)

Bank ID:

Bank Name:

Bank Address:

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize University of San Diego Office of Accounts Payable to electronically wire payments to the bank account designated above. It is my responsibility to notify USD AP (ap@sandiego.edu or (619) 260-4732) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify USD AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until USD AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____

Signature: _____

Date: _____

Important Information

Please return completed form via email: **ap@sandiego.edu**

For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date:

Date Stamp - Received