

# UW System Outgoing Wire Transfer Form

**All information MUST be typed.**  
**You must download this form in order for the fillable fields to be visible.**  
**Please attach this form to your Payment Request.**

***If a wire is returned because the provided information is incorrect, the submitting department is responsible for all returned wire fees. The authorized signer for the associated payment approves the processing of this payment and the charge associated with processing this payment.***

## Wire Transfer Information:

Payment Amount: \_\_\_\_\_

Routing Number/ABA (Domestic Only): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address, City, State, Zip Code, Country: \_\_\_\_\_

Beneficiary/Name on Bank Account: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_

Beneficiary Address, City, State, Zip Code, Country: \_\_\_\_\_

Reference for Beneficiary (e.g. Invoice number, etc.): \_\_\_\_\_ (25 character limit)

Beneficiary email for payment verification: \_\_\_\_\_

## Additional Information Required for International Wires:

Payment Currency Type:	USD	Euro	Other <a href="#">Currencies Available</a>
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International Bank SWIFT Code/BIC: \_\_\_\_\_

Payment to European Union - IBAN: \_\_\_\_\_

Payments to Mexico - CLABE Number: \_\_\_\_\_ (18 digits)

Payments to Canada - Account Number: \_\_\_\_\_ (7 digits)

Transit Number: \_\_\_\_\_ (5 digits)

Bank/Institution Number: \_\_\_\_\_ (3 digits)

Payments to India - IFSC: \_\_\_\_\_ (11 characters)

## Intermediary Bank Information:

(Beneficiary will provide if required. Only necessary if sending US Dollars internationally.)

Intermediary US Bank Name: \_\_\_\_\_

Intermediary US Bank SWIFT Code: \_\_\_\_\_

## Funding String for Bank Fee (if applicable):

International Transfer in Foreign Currency: \$ 0.00

Account

Fund

Department

Program

Project

International Transfer in USD: \$ 16.00

(If Applicable)

Domestic Transfer in USD: \$ 2.25

**Cash Management use only: Add "NOFX" for all international wires in USD**

**Approval and Acknowledgment** By submitting this form, I acknowledge that this information is correct.

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Preparer Name (UW-Campus Employee)

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Preparer Signature (UW-Campus Employee)

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Date