



THE UNIVERSITY OF CHICAGO

Financial Services

6054 S. Drexel Ave Suite 400

Chicago, Illinois 60637

INTERNATIONAL
WIRE TRANSFER REQUEST FORM

Non-Repetitive Electronic Transfer
(Check this box for one-time payments)

Repetitive Electronic Transfer
(Check this box for transactions that will occur more than once a year)

| | |
|--|--|
| Document Control Number (DPV, PO, APV or TEV number) | |
|--|--|

| | |
|-------------------------|--|
| Payment Due Date | |
|-------------------------|--|

The beneficiary (payee) must provide, in writing on company letterhead or in an e-mail, all required receiving bank information listed below. Note: Either a U.S. Dollar amount OR a Foreign Currency amount and type must be specified.

(*Indicates a required field)

Beneficiary's Receiving Bank Information

| | | | |
|---|--|--|--|
| *Receiving Bank Name: | | | |
| *Receiving Bank Address: | | | |
| *Bank City, State, Zip: | | | |
| *Country/Province: | | *SWIFT code: (8-11 Alpha Numeric) | |
| *Account Name: | | | |
| SORT CODE | | (Required for payments to Ireland, UK, & Malta) | |
| *Account Number: | | | |
| * U.S. Dollar Amount <i>or</i> ▶ | | * Foreign Currency Amount | |
| | | *Foreign Currency Type (Do not abbreviate) | |
| Special Instructions or Comments: | | | |

Financial Services Office Use Only

PPS Initiator: _____
Signature *Print Name* *Date*

| | |
|--------------------------------------|--|
| Financial Services Approvals: | Approver 1: <i>Signature:</i> _____ <i>Date</i> _____ |
| | Approver 2: <i>Signature:</i> _____ <i>Date</i> _____ |

