

OUTGOING WIRE TRANSFER REQUEST FORM



To: Diane Leavy / Penny Bales
UAF Financial Services

Date: _____

Fax: 907-474-7046

From: _____ **Phone:** _____

Pay to the Order of (Vendor Name): _____

Vendor's Bank Account / IBAN Number: _____

Is Vendor or Entity a U.S. Citizen? _____

If you answered NO, contact Financial Services at 474-6426.

Is this subject to 1099 reporting? _____

If you answered YES, attach appropriate backup.

Receiving U.S. Bank Name:			
ABA Number: (9 Digits)	_____	Branch Address:	
		City/State:	

Reference for the Receiver:

Reference PO#:	
Addenda Info:	

Routing Information for Foreign Banks:

Beneficiary Bank Name:	
Beneficiary City/Country:	
SWIFT Code:	

Amount to be transferred:	
Banner fund/org/account to use for wire transfer fee:	