



OUTGOING WIRE TRANSFER REQUEST FORM

To: Diane Leavy/Penny Bales
 UAF Financial Services
Fax: 907-474-7046

Date: _____

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 474-6170.**

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 account number for wire transfer fee:	