



# OUTGOING WIRE TRANSFER REQUEST FORM

**To:** Diane Leavy/Penny Bales  
 UAF Financial Services  
**Fax:** 907-474-6468

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pay to the Order of (Vendor Name):** \_\_\_\_\_

**Vendor's bank account number:** \_\_\_\_\_

**Is Vendor or entity a U.S. Citizen?** \_\_\_\_ **If you answered NO, contact Financial Services at 474-6969.**

**Is this subject to 1099 reporting?** \_\_\_\_ **If you answered YES, attach appropriate backup.**

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

**Reference for the Receiver:**

<b>Reference PO#:</b>	
<b>Addenda Info:</b>	

**Routing Information for Foreign Banks:**

<b>Beneficiary Bank Name:</b>	
<b>Beneficiary City/Country:</b>	

<b>Amount to be transferred:</b>	
<b>Banner account number for wire transfer fee:</b>	