

## OUTGOING WIRE TRANSFER REQUEST FORM

10:	Phone: 907-4		ng Date:
<b>-</b>	Fax: 907-474		Dh
From:			Phone: Fax:
Pay to	the Order of	(Vendor Name):	:
Vendo	or's bank acco	unt/IBAN numbe	er:
Is Vendor or entity a U.S. Citizen?			If you answered NO, contact OFA at x6426.
Is this	subject to 109	99 reporting?	If you answered YES, attach appropriate backup.
Rece	eiving U.S.		
Banl	k Name		
	Number:		Branch Address:
(9 di	gits)		City/State:
	ence for the erence PO#,	Receiver:	:
Purpose for Wire or Invoice#			
Routi	ng Informat	ion for Foreig	gn Banks:
Beneficiary Bank Name:			
Beneficiary City/Country:			
SWI	FT Code:		
Amount to be transferred:			
Banı	ner account	number for w	vire transfer fee:

NOTE: <u>PLEASE DO NOT EMAIL THIS FORM ONCE COMPLETED</u>, unless the banking information has been redacted. This form can also be faxed to 907-474-7046.