WIRE TRANSFERS OUT

ALL fields must be filled for the request to be processed)

CCSU Requestor's Name _____

CCSU Requestor's Department _____

CCSU Requestor's Telephone Number _____

CCSU Requestor's Address _____

Payment Amount _____

US Dollars YES or No / Dolares de EE.UU Si o No _____

Vendor/Beneficiary's Name / Nombre _____

Vendor/Beneficiary Address _____

Beneficiary's Bank Name / Nombre de banco _____

Beneficiary's Bank Account Number / _____

Type of Account (Checking, Savings, Etc. Country _____

Bank identifier type (swift, sort, aba, etc.) _____

Bank identifier _____

Beneficiary reference (15 characters or less) _____

If payment is to be sent to a foreign bank in U.S. dollars, please fill out the following COMPLETELY.

Intermediary (U.S.) Bank Name _____

Intermediary Bank Identifier Type (Sort, Swift, etc.) _____

Intermediary Bank Identifier _____

Intermediary Bank Street Address _____

Intermediary Bank City & State _____