

To be used only if ACH unacceptable, or if expedited payment is necessary

Brandeis University
Wire Transfer Request Form
(Attach to the Payment Request Form)

Value Date: _____

Beneficiary Bank Information:

Bank Name: BANK OF AMERICA, N.A.

Bank Address: _____

ABA # (domestic wires only): 011000138 (sample only)

Swift Code (international wires only): _____

Beneficiary Account Name: (Individual or Business)

Beneficiary Bank Account Number or IBAN number: 01234567891011 (sample only)

Reference: Must include (i.e. Invoice #, event name, reimbursement for travel, etc.)

Amount: USD Only

Intermediary Bank Information: (NOT NEEDED FOR DOMESTIC WIRES)

Bank Name: _____

Bank Address: _____

ABA #: _____

Beneficiary Bank Account Number: _____

Reference: _____

Prepared By: _____ Extension: _____

Department: _____

Authorized Signature: _____

Must complete entire section

Approval 1. _____ Date: _____

Approval 2. _____ Date: _____

A/P Reviewed: _____ Date: _____

Wire Initiated By: _____ Date: _____

Wire Released By: _____ Date: _____