



WIRE TRANSFER AUTHORIZATION FORM

- The individual and/or department requesting the wire is responsible for obtaining correct wire instructions and necessary signatures.
- The University of St. Thomas is not responsible for funds that are delayed or do not reach the intended destination.

Department name _____ Date _____

Employee initiating request _____

Mail # _____ Telephone number _____

Department index and account number to be charged _____

WIRE TRANSFER INFORMATION

Bank name(s) _____

Bank ABA (routing) number or swift code _____

Bank address _____

Beneficiary name (with address if available)

Beneficiary account number _____

Amount (U.S. dollars or type of foreign currency) _____

Details to include for reference _____

PRINT NAME (Department Head)

SIGNATURE (Department Head)

PRINT NAME (V.P., if required)

SIGNATURE (V.P., if required)

All wire transfer requests must be approved by a Department Head. V.P. signatures are required for all wires over \$5,000.