

# Southern Methodist University

## Wire Transfer Form

Request date:  Transmittal Date:

Department:  Phone #:

Bank Name:

Complete Bank Address:  
(include country if international)

Beneficiary / Payee's Account Name:

Complete Beneficiary's Address:

Bank Account Number:

Bank Wire ABA Routing Number (not ACH Routing) :

Bank Account Number, IBAN:  
(if the country requires it), or CLABE Number (Mexico)

Bank SWIFT/BIC Code or IRC:  
(International Routing Code, if applicable)

Bank Name:

Complete Bank Address:

Bank Wire ABA Routing Number  
or SWIFT Code (not ACH Routing) :

For Further Credit To (if applicable) :

Additional Bank Information:

Purpose of the Wire:

Wire Amount:  Currency:

**Please attach original documentation, invoices, payment request form & bank information.**

Requestor:     
Printed Name Signature Date

Approved by:     
Printed Name Signature Date

Approved by:     
Printed Name Signature Date