WIRE TRANSFER REQUEST FORM

All information requested is mandatory. Delays may occur if any pertinent information is missing.

Department Information:

Requester: _____ Banner ID#: _____

Date: _____ Amount: _____ Currency: _____

Purpose of Wire/Message to Payee:

_____

_____

_____

PAYEE INFORMATION:

Payee Name: _____

Payee Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

BANKING INFORMATION:

Bank Name: _____

Bank Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

IBAN/Bank Account Number: _____

Swift Code: _____

Routing Code or ABA Number: _____

ACCOUNTING INFORMATION:

FUND	ORGN	ACCOUNT	PROGRAM	Amount

_____ _____ _____

Department Head Approval Signature Date

_____ _____ _____

Approved By Signature Date

_____ _____ _____

Approved By Signature Date

Email Wire transfer form and supporting documentation to Ana Cardona at cardonaparra@rowan.edu
If there are any questions, please contact Accounts Payable at 856-256-4335.