



Southern Methodist University Wire Transfer Form

WIRING INSTRUCTIONS (all fields in this section are required)

Request date:	<input type="text"/>	Transmittal Date:	<input type="text"/>
Department:	<input type="text"/>	Phone #:	<input type="text"/>
Bank Name:	<input type="text"/>		
Complete Bank Address: (include country if international)	<input type="text"/>		
Beneficiary / Payee's Account Name:	<input type="text"/>		
Complete Beneficiary's Address:	<input type="text"/>		

DOMESTIC ACCOUNT:

Bank Account Number:	<input type="text"/>
Bank Wire ABA Routing Number (not ACH Routing):	<input type="text"/>

INTERNATIONAL/FOREIGN ACCOUNT:

Bank Account Number, IBAN: (if the country requires it), or CLABE Number (Mexico)	<input type="text"/>
Bank SWIFT/BIC Code or IRC: (International Routing Code, if applicable)	<input type="text"/>

INTERMEDIARY BANK INSTRUCTIONS:

Bank Name:	<input type="text"/>
Complete Bank Address:	<input type="text"/>
Bank Wire ABA Routing Number or SWIFT Code (not ACH Routing):	<input type="text"/>

ADDITIONAL WIRE INSTRUCTIONS:

For Further Credit To (if applicable):	<input type="text"/>
Additional Bank Information:	<input type="text"/>
Purpose of the Wire:	<input type="text"/>

TOTAL AMOUNT OF PAYMENT:

Wire Amount:	<input type="text"/>	Currency:	<input type="text"/>
--------------	----------------------	-----------	----------------------

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

Requestor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Signature	Date
Approved by:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Signature	Date
Approved by:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Signature	Date