UW-La Crosse Wire Transfer Form



All information <u>must</u> be typed. You must download this form for the fillable fields to be visible.

By completing this form, you are attesting that the information is complete and accurate. If incomplete or inaccurate information is provided, the University of Wisconsin-La Crosse (UWL) is not liable.

	Wire Transfer Informat	ion - Completed by Supplier	
Supplier Name:			
Supplier Address, City, State, Zip	Code, Country:		
Bank Name:			
Name on Bank Account:			
Bank Address, City, State, Zip Co	de, Country:		
Routing Number/ABA (Domestic			
Bank Account Number:			
Additional	Information Required for	International Wires - Complete	d by Supplier
Payment Currency Type:	·		
International Bank SWIFT Code/E	BIC:		
European Union Payments/IBAN:			
Mexican Payments/CLABE Numb			
Canadian Payments – Institution	Number:		
Transit N	umber:		
Indian Payments/IFSC:			
Intermediary US Bank Name:	Only required if se		
Intermediary US Bank SWIFT Co	de:		·
Ву		gment – Completed by Supplie wledge that this information is co	
Preparer Name	Prep	parer Signature	Date
De	partment Approval Section	n – Completed by UWL Departn	nent
The applicable fees listed below responsible for all returned wire associated with the processing of	fees. The WISER Manager	pecause the information is incorre approves the processing of this p	ct, the submitting department is ayment and any charges
		t Information for Fees mational Wire Fee: \$5.00	
Fund (3)	Program (1)	Department (6)	Project (7)
WISER Mgr. Name	WISER Mgr. Signature		 Date