



DOMESTIC WIRE TRANSFER REQUEST FORM

Non-Repetitive Electronic Transfers
(Check this box for one-time payments)

Repetitive Electronic Transfer
(Check this box for transactions that will occur more than once a year)

Document Control Number (DPV, PO, APV or TEV number)	
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Payment Due Date	
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The beneficiary (payee) must provide, in writing, on their company letterhead or in an e-mail, all required receiving bank information listed below. (Indicates a required field)*

Beneficiary's Receiving Bank Information

*Beneficiary Bank Name:	
*Beneficiary Bank Address:	
*Bank City, State, Zip:	
*Country/Province:	
*ABA/ Routing Number (9 digits)	
*Account Name:	
*Account Number:	
U.S. Dollar Amount	
Special Instructions or Comments:	

Financial Services Office Use Only

PPS Initiator: _____
Signature
Print Name
Date

Financial Services Approvals:	<p><i>Approver 1: Signature: _____ Date _____</i></p> <p><i>Approver 2: Signature: _____ Date _____</i></p>
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