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| NU Logo |  |

**WIRE TRANSFER REQUEST FORM**

Select Bank: Choose an item.

⬜ **Non**-**Repetitive Electronic Transfers**  ⬜ **Repetitive Electronic Transfer**

(Check this box for one-time payments) (Check this box for transactions that

will occur more than once a year)

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| --- | --- | --- | --- | --- |
| *Payment Due Date*  Date required by outside party | Click or tap to enter a date. |  | ***Value Date***  If different than Payment Date | Click or tap to enter a date. |

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| The Requestor must provide, in writing (e-mail acceptable), 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:*** | |  |
| ***\*Country (if not USA):*** | |  |
| ***\*ABA Routing Number (if US Bank) (9 digits)*** | |  |
| ***SWIFT Code (\*Required if not US Bank) (8-11 alpha-numeric)*** | |  |
| \*Account Name: | |  |
| ***\*Account Number:*** | |  |
| ***U.S. or FX Amount:*** | |  |
| ***Special Instructions or Comments:*** | |  |
| ***Requested By*:**  ***Signature Print Name Date*** | | |
| ***Approved By:*** | Signature/Initials Date | |
| ***For Use by Accounting:*** | Debit Index: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Debit Account Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit Index: BANK01\_\_\_\_\_\_\_\_ Credit Account Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |