



THE UNIVERSITY OF CHICAGO

Financial Services

6054 S. Drexel Ave Suite 400

Chicago, Illinois 60637

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:	Approver 1: <i>Signature:</i> _____ <i>Date:</i> _____
	Approver 2: <i>Signature:</i> _____ <i>Date:</i> _____