**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) | |
|---|---|

| ***Payment Due Date*** | |
|---|---|

*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:*** ***Signature:***_____ ***Date***_____<br>***Approver 2:*** ***Signature:***_____ ***Date***_____ |
|---|---|