



THE UNIVERSITY OF CHICAGO

Office of the Comptroller

1225 East 60th Street
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:	

Comptrollers Office Use Only		
NSD Initiator:	_____	
	<i>Signature</i>	<i>Print Name</i>
		<i>Date</i>

Comptroller's Office Approvals:	Approver 1: Signature: _____ Date: _____
	Approver 2: Signature: _____ Date: _____