

Instructions:

1. Complete this form online and provide all the information requested (**incomplete and handwritten forms will not be processed**).
2. Print completed form and forward it to the Business Office (Room 8401). Attach Payment Request Form and supporting documentation. Please be aware that no specific date can be guaranteed for foreign wires.

Beneficiary (Payee) Information (The payee name must match the name on the bank account to be credited):

Name: _____ Email address: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Country: _____ Amount to be paid: _____ (USD Only)

Beneficiary Bank Information:

Bank Name: _____ Bank Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Account Number _____
 IBAN (required for European banks): _____
 Bank Routing / ABA #: _____ SWIFT / BIC Code: _____

Type of Transfer Requested (select one):

- ACH** (No Fee) **Domestic Wire** (Applicable Fees) **International Wire** (SWIFT/BIC Required. Applicable Fees)

Memo Information (invoice #, notification info, descriptions, etc.): _____

Check if Intermediary Bank Information Provided

Intermediary Bank Name: _____
 Intermediary Bank Address: _____
 Account #: _____ ABA # / SWIFT / BIC Code: _____

Fund Manager's Name: _____ **Signature:** _____

Department: _____ **Phone #:** _____ **Date:** ___/___/___

For Graduate Center Business Office Use Only:

Initiated By: Signature: _____ Date: ___/___/___

Approved By: Signature: _____ Date: ___/___/___