Oregon State UNIVERSITY OSU

Wire Transfer Non-Recurring Request

Accounts Payable Office   *Send form directly to the Accounts Payable Office*

Check one: ☐ Domestic Wire   ☐ International Wire

Agency Name: _____Oregon University System_____   Agency Number: _____58000_____

Date Transfer to Occur: _____   Agency Account to be Charged: _____58003_____

Amount of Transfer: _____   Currency (if other than US$) _____

(Minimum transfer amounts: domestic $1000, foreign $100)

Beneficiary:
35 Spaces Available   _____

Beneficiary Account Number:
(IBAN)   _____

Beneficiary Street Address:
35 Spaces Available   _____

Beneficiary City/ State/ Country:
35 Spaces Available   _____

Beneficiary Bank Name:
35 Spaces Available   _____

Beneficiary Bank ABA Routing 4-
(Domestic Only)   SWIFT (international Only)   _____

Beneficiary Bank Street Address:
35 Spaces Available   _____

Beneficiary Bank City/ State/ Country:
35 Spaces Available   _____

Message for Beneficiary:
105 Spaces Available   _____

_____

_____

Department Signature: _____   **Date:** _____

Printed Name: _____   **Phone:** _____

Contact Name: _____   **Phone:** _____

Business Office Approval Signature: _____   **Date:** _____

Printed Name: _____   **Phone:** _____

Institution Accounting Information

Institution: _____

Department Name: _____

Index or Fund/ Org/Program: _____

Account Code: _____