

University of West Florida  
Domestic Wire Transfer Form

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**Beneficiary (Payee) Information**

US Dollar Amount \$ \_\_\_\_\_

Beneficiary Bank Account # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attn/Spec Note (optional) \_\_\_\_\_

*(Note: City and State are REQUIRED information for the bank address)*

**Beneficiary Bank Information (This is the Payee's Bank)**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ABA# \_\_\_\_\_

**For Financial Services Use Only:**

Tracking # \_\_\_\_\_

Date Sent \_\_\_\_\_

Sent By \_\_\_\_\_

Approved By \_\_\_\_\_

