



PR/NR/P.O. #

Tax withheld %
(for AP use only)

Harvard University Wire Transfer Authorization Form – US Currency

Value Date: _____ Amount: _____

Beneficiary Bank Information

Bank Name: _____

Bank Address: _____

ABA# (domestic wires only): _____

Swift Code/BIC Code (international wires only): _____

Beneficiary Account Name: _____
(Beneficiary account name must match vendor name)

Beneficiary Bank Account Number or IBAN number: _____

Sort Code (6 digits): _____
(if applicable)

Payment Details: _____

Intermediary/Corresponding Bank *(Only if applicable)*

Bank Name: _____

Bank Address: _____

ABA#: _____

Bank Account Number: _____

Reference: _____

Department Requestor and Approver

Name of Requestor: _____ Date: _____

Telephone #: _____

Authorized Signature: _____ Date: _____

Office of Treasury Management Use Only

Wire Initiated By: _____ Date: _____

Wire Released By: _____ Date: _____

Bank Reference #: _____

Staple this form to the front of each invoice:

SEND TO:

CASH MANAGEMENT - OFFICE OF TREASURY MANAGMENT
1033 Massachusetts Avenue, 2nd Floor, Tel. 617-496-3018