

Mandatory Wire Payment Instruction Authentication

New Vendor: Yes

In Person

Wire Payment Instructions Verified:

By Phone

Existing Vendor Requesting Wire Payment Instruction Change:

No

Wire Payment Instructions Verified:

In Person By Phone

PR/NR/P.O#	
Tax withheld %	

Harvard University Foreign Currency Wire Authorization Form

Currency Name:	Foreign Currency Amount: or USD Amount to be converted to FX:	
Beneficiary Bank Information		
Bank Name:		
Bank Address:		
Swift Code/BIC Co	ode: Sort Code (6 digits) (if applicable)	
Benefiary Accour	nt Name:	
(Benefiary Account Name must match Vendor Name.) Beneficiary Bank Account number or IBAN number:		
Beneficiary Addı	ress:	
Beneficiary Conta	act:	
Payment Details:		
Intermediary/Correspondent Bank(if applicable)		
Bank Name:		
Bank Address:		
ABA#:	Bank Account #:	
Reference:		
Department Requ	iestor and Approver	
Name of Requestor	Telephone #: Date:	
Email Notification:		
Authorized Signatu	Data	
Office of Treasury Management Use Only		
Initiated By:	Date:	
Released By:	Date:	
Reference#:	USD Equivalent:	

Staple this form to the front of each invoice:

SEND TO: