## THE UNIVERSITY OF RHODE ISLAND

## **OFFICE OF THE CONTROLLER**

INTERNATIONAL WIRE INSTRUCTIONS

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WIRE INSTRUCTIONS TO BE COMPLETED BY S	SUPPLIER OR STUDENT RECEIVING P	AYMENT
Beneficiary Name on Bank Account:		
Bank Account # (or IBAN):		
Beneficiary Address:		
Student ID (if applicable):		
Beneficiary Bank Name:		
Beneficiary Bank Swift #:		
Beneficiary Bank Address:		
COMPLETE IF APPLICABLE		
Intermediary Bank Name:		
Intermediary Bank Swift #:		
Intermediary Bank Address:		
CERTIFICATION		
Handwritten Signature:	Date:	
Printed Name:	Title:	

IMPORTANT: Please ensure wiring instructions are complete and accurate. In the case of the Payee not receiving the wired amount based on the information provided on this form, the payment will not be wired again until funds are returned to the University and fees incurred from the returned wire will be deducted.