

WIRE TRANSFER INFORMATION REQUEST FORM

| <u>Vendor Information:</u> | | | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|--------------------------|--------------------------------|--|
| Vendor Name: | | | | | |
| Remittance Address: | | | | | |
| Remittance City: | | _ State: | | Zip Code: | |
| Contact Name: | | | Phone #: | () | |
| E-Mail Address: | | | | | |
| Banking Information: | | | | | |
| Vendor's Bank Name: | | | | | |
| Bank Address: | | | | | |
| Bank's City: | | State: | | Zip Code: | |
| Bank Contact Name: | | | Phone #: | () | |
| SWIFT CODE or BIC: | | | Account #: | | |
| Name on Account: | | | Addt'l Wire Information: | | |
| Account Type (please check only one) | Checking | Savings | ; <u> </u> | | |
| Vendor's Authorization: Please sign below to confirm the ayments for your invoices to the | at you are authorizing ne account mentioned | Steven's Is above. | nstitute of Te | chnology to begin transferring | |
| Signature | | _ | | Title | |
| () Phone Numl | ber | | | Date | |
| Additional Verification: Previous Bank Account # (if applicable): | | | | | |

Please scan and attach the completed form to whomever requested it.