

For Internal Use Only

Supplier ID _____

Date Received _____



WIRE TRANSFER AUTHORIZATION FORM

Form must be typed, signed and dated by the payee. In order to properly credit your bank account, please provide the following information.

Payee Information:

Payee: _____

Address: _____

City, State, Zip code/Country: _____

Bank Information:

Bank Name: _____

Bank Address: _____

Name on Bank Account: _____

(The name on your bank account must be the same as the name that you registered with as an FAU supplier. If this is not the case, please contact accountspayable@fau.edu to inquire about updating your FAU Supplier file to match your bank account name.)

Payee's Bank Account Number: _____

IBAN Number (International): _____

ABA/Routing Number (Domestic): _____

SWIFT Code/BIC Code (International): _____

CLABE # (Mexico only): _____

SORT Code (UK only): _____ Other Banking Codes, please specify: _____

Intermediary/Receiving Bank: Swift Code: _____ ABA #: _____

Intermediary Bank Address: _____

TERMS AND CONDITIONS

By signing this form, you authorize Florida Atlantic University (FAU) to credit your bank account via wire transfer. Wire transfers will only be sent in U.S. currency (USD). FAU is not responsible for any fees that the beneficiary bank may charge. Payees are encouraged to check with their bank for additional wire transfer requirements. For example, in some countries, payees need to confirm receipt of a wire transfer before funds can be applied to the payee's account.

A new authorization form must be completed if you close this bank account or if you wish to designate a different bank account to receive the funds. Failure to notify FAU of a change in bank account information will cause a delay in receiving payment.

The vendor is responsible for any fees assessed due to providing incorrect banking information. The Department doing business with the vendor is responsible for collecting the fee.

FAU will not be responsible for any loss that may arise by reason of error, mistake, or fraud on information provided on this form.

Print Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

