

WIRE TRANSMISSION FORM

Payee Name: _____

Payee Address: _____

Name as listed on Bank Account: _____

Bank Name: _____

Bank Address: _____

IBAN (22 digits): _____

SWIFT: _____ Account Number: _____

Intermediary Bank: Yes ___ No ___ (If "yes" please include bank information below.)

Currency Type: _____

Email Address for Payment Details: _____ Phone: _____

Authorized Signature: _____ Printed Name: _____

Mail Form To:

Accounts Payable
501 E. High St.
107 Roudebush Hall
Oxford OH, 45056

Fax Form To:

Accounts Payable
(513)529-6124

E-mail Form To:

Accountspayable@MiamiOH.edu

