THOMPSON RIVERS
UNIVERSITY
——————
Financial Services

Wire Transfer Payments
Required Information

_____

Student/Vendor ID Number _____

Student/Vendor Name _____

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ BENEFICIARY INFORMATION ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Type of Currency (Mandatory Field)   CDN ☐   USD ☐
(Confirm with your bank that they will accept the currency selected)

Beneficiary Name _____

Beneficiary Account Number _____

Beneficiary Address (street address) _____

City/District _____

Province/State _____

Country _____

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ BANK INFORMATION ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Bank Name _____

Bank Address (street address) _____

Province/State _____

Country _____

Swift Code _____

~~~~~~~~~~~~~~~~~~~ INTERMEDIARY BANK INFORMATION (if required) ~~~~~~~~~~~~~~~~~~~

Intermediary Bank Name _____

Intermediary Swift Code _____

Student/Vendor Signature _____   Date (MM/DD/YYY) _____

Please ensure that this form is filled in completely and accurately. Any mistakes can result in delays in receiving wired funds.