



CONFIDENTIAL Wire Transfer Request

DATE	AMOUNT	CAD equivalent, if applicable	CURRENCY
BENEFICIARY INFORMATION (Beneficiary name & address must match the name & address of the registered bank account holder) (REQUIRED)		Beneficiary Name or Company	
		Beneficiary Address - Number, Street and Apartment Number or P.O. Box Number	
		City, Province/State/Region, Postal Code/Zip Code	
		Country	
BANK INFORMATION (REQUIRED)		Beneficiary Bank Account Number, IBAN or CLABE	Bank Code (ABA, Routing Number, SWIFT/BIC Code)
		Bank Name	Sort Code (mandatory for UK)
		Bank Address - Number, Street and Apartment Number or P.O. Box Number, City, Province/State/Region, Postal Code, Country	
		Other required banking information (e.g. Intermediary Bank information)	
		Payment Details (e.g. Invoice Number, Purpose of Remittance)	
Prepared By		Department	Telephone

Print form and send to Financial Services with supporting documentation (e.g. invoice, miscellaneous cheque requisition, etc.)

For Financial Services use only

Authorized Approver (Print Name)	Signature	Title of Authorized Approver
Account Number		

