

WIRE TRANSFER REQUEST FORM

Date (yyyy/mm/dd): _____

Student Number: _____

Student First Name: _____

Student Last Name: _____

Reason for Wire Transfer: _____

Wire Transfer Information:

Name on Account: _____

Account Holder Address: _____

City, Province: _____

Postal Code, Country: _____

SWIFT Code: _____

Account #/ IBAN: _____

Bank Name: _____

Bank Address Line: _____

City, Province: _____

Postal Code, Country: _____

*Wire Transfer Form must be fully complete in order to proceed with the transaction.
A bank transaction fee of \$45 will be deducted from all refunds made by International Wire Transfer.*