

OUTGOING WIRE/ACH TRANSFER FORM

Lehigh University Finance & Administration

Please complete all applicable sections and include attachment(s) before submitting via DocuSign. The completed form will automatically be sent to INAP@lehigh.edu for review and processing. The signer will also receive a copy of the completed form (via an email from DocuSign). If you have any questions about this form please contact the Treasurer's Office: intreas@lehigh.edu or call ext. 3180

BANNER INDEX/ACCOUNT FOR B.	ANK/WIRE FEE(S)		
\$10 Domestic Transfers\$22 International Transfers	Index #:	Account #:	(Default is #7	3454 "Wire/ACH transfer fee"
Did the beneficiary request Lehigh to pa (Usually this is indicated on the invoice and			d I acknowledge there is	written documentation for this an additional \$10 charge to the
PAYMENT INFORMATION				
Payment Amount:		Preferred Payment Da	ate:	
Bank Name:				
Bank Street Address:				
Bank: City	State	Zip Code	Country	
ABA/Routing Number (Domestic Wire	s/ACH transfers only):			
Choose 1:				
☐ Either ACH transfer or Wire is a	cceptable payment met	thod for this vendor		
☐ This transaction <u>must</u> be sent as a	a Wire			
\Box This transaction <u>must</u> be sent as A	ACH			
ACCOUNT HOLDER INFORMATIO	ON (BENEFICIARY	7)		
Account Holder's Name:				
Account Number:				
Account Holder Street Address:				
Account Holder: City	Stat	e Zip Co	ode	Country
Reference for Beneficiary (Invoice #, et	c.):			
Other Information to Process this Wire:				
ADDITIONAL INFORMATION FOR	INTERNATIONA	L WIRES		
*Payment Currency (select one):				
*Please verify the beneficiary's account acce	epts the designated curren	cy		
Beneficiary Contact Person Name:		Beneficiary Contact Person Phone No.:		
International Bank SWIFT/BIC Code:		International IR	C Sort/Routing Co	de (If provided):
IBAN Number (Required with many In	ternational Wires):			
Payments to Mexico - CLABE Number	(18 digits):			
Payments to Canada:				
Transit Number (5 digi		digits) Account Number (7-1	2 digits)	
Payments to India - IFSC: (11 characters)				
INTERMEDIARY BANK INFORMA	TION (Beneficiary wil	l provide if required)		
		Intermediary Bank SWIFT/BIC CODE:		

A

By signing, I acknowledge that this information is correct and has been verified BY TELEPHONE with the beneficiary/vendor and I approve processing of this payment and charge associated. If a wire is returned or sent to an incorrect bank account because the provided information is incorrect, the approving department is responsible for all charges and returned wire fees.

Lehigh Staff Name	Signature	Phone	