



**University
of Manitoba**

Bank Transfer Request Form

Please ensure all information is accurate and legible. Returned or undeliverable funds will be returned to the requesting department/student account less the exchange differences and bank fees when incorrect information is provided.

Beneficiary Information:

Beneficiary Name _____
(Exact Name on Bank Account)

Beneficiary Street Address _____

City _____ Province/State _____

Postal Code _____ Country _____

Beneficiary Bank Information:

Bank Name _____

Bank Street Address: _____

City _____ Province/State _____

Postal Code _____ Country _____

Beneficiary Account # _____

Bank Account Currency (e.g. CAD, EUR, HKD, USD, etc) _____

IBAN / CLABE # _____

SWIFT (BIC) Code _____

Optional: Please complete the following if your bank requires the use of an Intermediary Bank.

Intermediary Bank Name _____ SWIFT (BIC) Code _____

Recipient Account # at Intermediary Bank _____

*** Note: There may be significant charges if a wire is rejected by the beneficiary bank therefore it is strongly recommended that this form be completed with the assistance of the bank.

Questions? Contact Supplier Payment Services (204) 474-6632.