



Mandatory Wire Payment Instruction Authentication

New Vendor: Yes No **AND Existing Vendor Requesting Wire Payment Instruction Change:** Yes No

If Yes, Wire Payment Instructions Verified by _____ If Yes, Wire Payment Instructions Verified by _____

In Person By Phone In Person By Phone

PR/NR/P.O # _____

Tax withheld %
(for AP use only) _____

Harvard University Foreign Currency Wire Authorization Form

Currency Name: _____ Foreign Currency Amount: _____
 or
 USD Amount to be converted to FX: _____

Beneficiary Bank Information

Bank Name: _____
 Bank Address: _____
 Swift Code/BIC Code: _____ Sort Code (6 digits) _____
(if applicable)
 Beneficiary Account Name: _____
(Beneficiary Account Name must match Vendor Name.)
 Beneficiary Bank Account number or IBAN number: _____
 Beneficiary Address: _____
 Beneficiary Contact: _____
 Payment Details: _____

Intermediary/Correspondent Bank(if applicable)

Bank Name: _____
 Bank Address: _____
 ABA#: _____ Bank Account #: _____
 Reference: _____

Department Requestor and Approver

Name of Requestor: _____ Telephone #: _____ Date: _____
 Email Notification: _____
 Authorized Signature: _____ Date: _____

Office of Treasury Management Use Only

Initiated By: _____ Date: _____
 Released By: _____ Date: _____
 Reference#: _____ USD Equivalent: _____

Staple this form to the front of each invoice:

SEND TO:

CASH MANAGEMENT - OFFICE OF TREASURY MANAGEMENT
1033 Massachusetts Avenue, 2nd Floor, Tel. 617-496-3018