



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		