



International Outgoing Wire Form

Complete and return this form with all required documentation to: INTLwires@nctreasurer.com.

For questions, please call 919-814-3888.

| REQUESTOR INFORMATION | |
|--|---------------------------|
| Agency Name: | |
| Agency Contact Name: | Phone #: |
| Debiting Disbursing/STIF Account Number: | |
| Foreign National Taxation Review Info.: | |
| I certify the information provided on this form is true and correct, and I am authorized to initiate wires on behalf of this agency. Authorized Signature: _____ Date Signed: _____ | |
| BENEFICIARY/RECIPIENT INFORMATION | |
| Beneficiary/Recipient Name: | Phone #: |
| Beneficiary Address, City, State, Zip and Country: | |
| Information for the Beneficiary (invoice number, purchase order number, etc.) optional: | |
| Are funds being sent in foreign currency? | Yes No |
| US Dollar Wire Amount: | Wire Fee: <u>\$ 25.00</u> |
| Foreign Currency Amount: | Foreign Currency Type: |
| BENEFICIARY BANK INFORMATION | |
| Beneficiary Bank Name: | |
| Beneficiary Bank Routing Transit Number (RTN) or SWIFT Bank Identifier Code (BIC): | |
| Beneficiary Bank Account Number: | |
| International Routing Code (IRC): | |
| Beneficiary Bank Address, City, State, Zip, and Country: | |
| Information for the Beneficiary Bank, if applicable (Wires to Mexican banks require the CLABE account number in the Beneficiary instructions to ensure correct payment.): | |
| INTERMEDIARY BANK INFORMATION | |
| Intermediary Bank Name: | |
| Intermediary Bank Routing Transit Number (RTN) or SWIFT Bank Identifier Code (BIC): | |
| International Routing Code (IRC): | |
| Intermediary Bank Address, City, State, Zip, and Country: | |
| FOR INTERNAL USE ONLY: Financial Operations Division | |
| Date Wire Request Received: | Date OSC Approved: |
| Verified By: | Date and Time: |
| Date Wire Amount & Fee Received: | Date Wire Processed: |
| Wire Initiator: _____ | Wire Approver: _____ |
| Reference #: | |