

International Outgoing Wire Form

Complete and return this form with all required documentation to: INTLwires@nctreasurer.com. For questions, please call 919-814-3871.

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 agen Electronic signatures will not be accepted.	ey.
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: \$25.00	
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 Benefic instructions to ensure correct payment.):	iary
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:	
Date Wire Request Received: Verified By: Date OSC Approved: Date and Time:	