Student Accounts SA03



STUDENT WIRE REQUEST FORM

Purpose of Form: This form should be completed by a student wishing to receive a refund payment via wire (for example, when funds are in USD or other currencies are required).

Requestor Inform	ation:		
Date (YYYY-MM-DD):		Name:	
Student Numb	er:	Email:	
Wire Information	:		
Amount:			
Payee Informatio			
Payee Name: _			
Address 1:			
Address 2:			
		Country:	
Postal/Zip Code	e:	Payee Telephone:	
Payee Email: _			
Bank Information			
Bank Name:			
City:	Province/State:	Country:	
Postal/Zip Cod	Zip Code: IBAN/Bank Account Number:		
Swift Code:	Swift Code: Routing Code or ABA Number:		
			Page 1 of 2

Signature:			
Your typed name below indicates your approval of the form and confirms that all information is accurate.			
Once complete, please return to the Office of the Cashier, Room 1118 CHT, or email to cashiers@uwindsor.ca			
For Finance (Internal) Use Only:			
Reviewer Name:			
(check each box below for confirmation)			
Balance Confirmation: Payee Confirmation: Banking Confirmation:			
Deposit Forfeiture? (circle) Yes or No Currency:			
Initials of Reviewer: Review Date (YYYY-MM-DD):			
Approver:			
Approval Date (YYYY-MM-DD):			