Print Form

LOYOLA UNIVERSITY NEW ORLEANS

Wire Transfer Request - Domestic

Transaction Date:

Amount:

Beneficiary's Name/Payee:

(Must be the same as the name on Bank Account)

Beneficiary's Address:

Beneficiary's Bank: ABA#:

Beneficiary's Bank Address:

City State

Beneficiary's Bank Account Number:

Department Approval Date

Financial Affairs Approval Date

*Please note that a completed check request must be submitted with wire transfer request.