



CONFIDENTIAL

Student Refund 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, Phone number and email						
		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. Student ID number, Purpose of Remittance - Housing/Tuition/etc)						
Prepared By			Department			Telephone		

Completed forms should only be submitted to cash.office@uleth.ca

For Financial Services use only

Authorized Approver (Print Name)	Signature	Title of Authorized Approver
Account Number		