

ELECTRONIC FUNDS TRANSFER AUTHORIZATION
International Based EFT Only



Print Clearly. Signatures are required.

See BPPM 30.28 for further instructions.

ACCOUNT INFORMATION			
<small>Business & Financial Services performs an independent verification of any changes to the Supplier. Payments are held until changes are confirmed. (BPPM 30.28 Sec. 2.2.b)</small>			
Purpose (Check one):		New	Change
Account Type (Check one):		Checking	Savings
First Name		Last Name	Middle Name
Name on Account if different from above (e.g., DBA business name or name on account)			
Address		Country	Postal Code
Phone Number (Include area code)		E-mail Address	
OUTGOING FUNDS INFORMATION			
<small>Consult the receiving/final destination bank and the intermediary bank, if applicable, to obtain wire instructions.</small>			
Beneficiary Information at Receiving/Final Destination Bank			
Beneficiary Name on Account		Account Number / IBAN	
Bank Routing Number (eg., IFSC Code, BIC, SWIFT, BSB#, etc.)		Bank Code / Institution Code	Branch ID / Branch Code
Beneficiary Bank Name			
Bank Street Address		Country	Postal Code
Intermediary (Correspondent) Bank (Check with bank to see if this is applicable.)			
Intermediary Bank Name		SWIFT Code / BIC	Account Number (if applicable)
Currency Choice: _____		Currency Code	Currency Specific Detail
		Provide currency code and detail if currency choice is other than USD.	

NOTE: The currencies listed below are only those that require additional information and do NOT represent all of the supported currencies.

Currency Name	Currency Code	Currency-Specific	Sample Value
Australian Dollar	AUD	BSB Code (6 digits)	33088
Canadian Dollar	CAD	Transit # (8 digits)	58876004
Euro	EUR	Bene IBAN	CH51 0868 6001 2565 1500 1
British Pound	GBP	Sort Code (6 digits)	90136
Mexican Peso	MXN	CLABE # (18 digits)	32180000118359700
South African Rand	ZAR	Clearing/ZA Code (6 digits)	190805

I authorize Washington State University to deposit funds to the financial institution account indicated above. This will remain in effect until I submit a separate copy of this form to change or cancel this authorization.

Signature	Date
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