

**Foreign Wire Payment
Request Form**

BENEFICIARY INFORMATION	
<i>(Must match exactly as it appears on bank account.)</i>	
Beneficiary Name:	
Beneficiary Bank Name:	
Bank Address:	
Account/IBAN Number:	
Swift Code:	
INTERMEDIARY BANK INFORMATION	
<i>(If an intermediary bank is required to transfer the funds to the beneficiary bank.)</i>	
Intermediary Bank Name:	
SWIFT or ABA # (11 digits):	
Please return this form to VUMC Disbursement Services at vumcdspayments@vumc.org	

I hereby authorize initiation of direct deposits of accounts payable disbursements into the account specified above and agree to promptly return any funds that are submitted in error.

Signature:	
Printed Name:	
Title:	
Date:	