

**SOUTHEASTERN UNIVERSITIES RESEARCH ASSOCIATION  
WIRE TRANSFER REQUEST**

I hereby authorize SURA to initiate credit entries to the account indicated below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank ABA/RTN (transfer routing number): \_\_\_\_\_

Account Number (including leading 0's): \_\_\_\_\_

Account Type (check one):                      Checking       Savings

IBAN Number: \_\_\_\_\_

International Swift Code: \_\_\_\_\_

**TERMS:** All wire transfers will be issued in U.S. dollars (USD) only and will be wired to the designated back account of the individual to which the funds have been approved for payment. If after a reasonable attempt is made, SURA is unable to execute a wire transfer based on the bank and routing information provided, SURA reserves the right to reissue the authorized funds via corporate check. No wire transfer will be issued for an amount less than 50.00 USD.

I confirm that the information provided above is complete and accurate to the best of my knowledge. My signature below indicates I understand and accept the TERMS as described above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_