

Wire transfer payments are for international suppliers and payees who cannot accept checks or P-Card. US payees and international suppliers with US bank accounts must enroll in other electronic payment methods with Payment Services (EFT or e-Payables).

| Beneficiary (Payee) Information | | | | | | | |
|--|------------------------|--|---------------|-------------------------|--------|------|--------|
| Beneficiary Account Name | | | | | | | |
| (must match Supplier Name/Traveler Name) | | | | | | | |
| Street Address | | | | | | | |
| City/Province | | | | Country/Postal Code | | | |
| Contact Name | | | | Phone Number | | | |
| Email Address | | | | | | | |
| Beneficiary Bank Information | | | | | | | |
| Bank Name | | | | | | | |
| Bank Address | | | | | | | |
| SWIFT/BIC | Bank Ac | | | count country's format) | | | |
| IBAN Number (Europe) | | | | | | | |
| Amount and Currency | | | | | | | |
| Currency Code | USD Amount* | | | | | FX A | amount |
| Intermediary Bank - Required for USD wires* | | | | | | | |
| Bank Name | | | | | | | |
| Bank Address | | | | | | | |
| ABA (US Routing Ni | BA (US Routing Number) | | CHIPS ID | | | | |
| SWIFT/BIC | | | | Account | Number | r | |
| *Intermediary bank is required for payments in USD. Please obtain the information from your financial | | | | | | | |
| institution. Caltech is NOT responsible for payment delays due to incomplete or incorrect bank instructions. | | | | | | | |
| Additional Information (May be required by your country/bank) | | | | | | | |
| BSB (Australia) | CLABE (M | | | lexico) | | | |
| IFSC (India) | Sort Code | | | (United Kin | gdom) | | |
| Clearing Code | | | Num (B | razil) | | | |
| Purpose or Payment Code | | | | | | | |
| Payment Reference Details | | | | | | | |
| Authorization | | | | | | | |
| I authorize Caltech to deposit payments to the bank account indicated on this form and I certify that I am the | | | | | | | |
| beneficiary (account owner) of the bank account provided above. | | | | | | | |
| Business Entity: I am an authorized representative of the business or corporation indicated on this form. | | | | | | | |
| Name and Title (for business entities) | | | | | | | |
| Authorization Signature and Date | | | | | | | |