

# WIRE TRANSFER REQUEST

### **INSTRUCTIONS:**

Please email the <u>DOACashDesk@wisconsin.gov</u> directly through the WiBox website <u>https://wibox.wi.gov/dropoff.</u> Do not directly email bank account information to the DOA Cash Desk email. Completed forms *must* come through the WiBox Dropoff Portal.

Date Funds should be Transferred	
Dollar Amount	

## BENEFICIARY BANK INFORMATION (Required)

Bank Name	
Branch Name	
Bank Routing Number	
Beneficiary Account Name	
Beneficiary Account Number	
Street Address (no P.O. Box)	
City, State, ZIP	

### **INTERMEDIARY BANK INFORMATION (If applicable)**

Bank Routing Number	
Bank Account Number	
Bank Name	

## ADDITIONAL INFORMATION FOR BENEFICARY (If applicable)

Detail Information that the Beneficiary will need	

AUTHORIZATIONS (must be signed by Financial Manager or pre-established delegate)			
Agency			
Contact Name (Name of person preparing this form)			
Contact Phone			
Financial Manager (or delegate) Name (please print)			
Financial Manager (or delegate) Signature			

This document can be made available in alternate formats to individuals with disabilities upon request.