

Wire Transfer Registration

NEW
UPDATE

*requires complete
payment instructions*

All fields on this form must be completed to ensure prompt processing.

AFL Business Unit: TELE AUS NZD MEXICO SWINDON FAA FAI SERVICES
For MEXICO: FAM FRM FRZ PMY For SERVICES: OTS ENTS ITCS SPY DGP

Requestor: _____ Currency: _____ Date: _____

Oracle Supplier Number _____ Supplier (Company) Name _____ Supplier Pay Site _____

Supplier AR Manager's Name _____ Supplier AR Manager's Phone # _____ Supplier Contact's Email _____

Beneficiary Bank Name (BBK): _____

Swift Code#: _____ Bank Account#: _____

BBK Branch Name: _____

BBK Bank Address: _____ Phone: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

FOR CANADIAN SUPPLIERS ONLY: Branch Code: _____ Transit Number: _____ Country: _____

BENEFICIARY:

Beneficiary Account Name (BNF): _____

(This must match the name on the bank acct exactly.)

Beneficiary Complete Mailing Address: _____

(Please include city and country.)

City: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

If BNF is Different from Supplier Name (Please Explain)

AFL will verbally contact AR manager for banking information validation. Please ensure contact information above is correct.

Supplier Signature _____

Printed Name _____ Title: _____ Date: _____

To be completed by AFL (only)

Entered By: _____

Treasurer: _____ Verified by: _____