

**The University of Texas Health Science Center at Houston**

***Request for Electronic Funds Transfer***

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Detailed Purpose: \_\_\_\_\_

\_\_\_\_\_

Fund Source: \_\_\_\_\_

Department Approval: \_\_\_\_\_

Payment & Account Facilitation Approval: \_\_\_\_\_  
(If applicable)

Finance Approval: \_\_\_\_\_

Type of Currency: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

**Financial Institution Information**

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

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

\_\_\_\_\_

Nine-Digit ABA (Routing) Number: \_\_\_\_\_

SWIFT Code (for foreign wires): \_\_\_\_\_

Depositor Account Title: \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_

Contact Person/Reference: \_\_\_\_\_

**For Completion by Treasury Management**

**Applied Exchange Rate:** \_\_\_\_\_

**Confirmed Total US \$:** \_\_\_\_\_

**Bank Confirmation #:** \_\_\_\_\_