



STUDENT REFUND WIRE TRANSFER FORM

DISCLAIMER: IF ANY INFORMATION IS INCORRECT OR INCOMPLETE, CAUSING THE WIRE PAYMENT TO BE RETURNED, THE STUDENT IS RESPONSIBLE FOR THE APPLICABLE FEES.

NOTE: THIS SECTION MUST BE FILLED OUT BY THE FINANCE OFFICER

2000 Simcoe Street
Oshawa, Ontario. L1G 0C5
Phone (905) 721-8668 Fax (905) 721-3199

DATE:	_____
REASON FOR WIRE REQUEST:	_____
AMOUNT REQUIRED:	_____
S DOCUMENT NUMBER:	_____
BANNER ID NUMBER:	_____

BENEFICIARY INFORMATION

ITEMS MARKED WITH * ARE MANDATORY FIELDS

BANKING INFORMATION MUST BE UNDER THE STUDENT'S NAME

Beneficiary Name*:	_____	Beneficiary Address* (include full address: Street, City, State/Province/Territory, Country):	_____
_____	_____	_____	_____
Beneficiary Account #*:	_____	_____	_____
_____	_____	_____	_____
Additional information to include	_____		
_____	_____		

BENEFICIARY BANKING INFORMATION

Bank Name*:	_____	Bank Address* (include full address: Street, City, State/Province/Territory, Country):	_____			
_____	_____	_____	_____			
Bank ID	_____	_____	_____			
SWIFT*	CHIPS	FED	IBAN (* for Europe)	CC	ABA	OTHERS
_____	_____	_____	_____	_____	_____	_____

WIRE TRANSFER APPROVAL

Please forward the completed Wire Transfer request to studentar@ontariotechu.ca

Financial Operations Approval	_____	_____	Date
Financial Operations 2nd Approval	_____	_____	Date

WIRE TRANSFER PROCESSING

Initiated by:	_____	_____	Date
Confirmation No.	_____	_____	Date
Released by:	_____	_____	Date