



WIRE PAYMENT AUTHORIZATION-(For Travel Individuals Only)

Please have the individual **complete all sections** on this form when a **wire payment** is required. **Note: The Travel Department will review and verify this information upon forwarding to Accounts Payable.**

Individuals Name: (As shown on Bank Account *Please Print*): _____

Individuals Home Address: _____

Phone#: (Include County Code) _____

Bank Account or IBAN Number: _____

SWIFT code/BIC: _____

Bank Name: _____

Bank Complete Address: _____

If you reside in Canada, this additional information is needed:

Financial Institution Number: _____

Bank Transit Number: _____

Intermediate Bank Name: _____

Intermediate Bank ABA number: _____

SWIFT code/BIC: _____

Individuals Authorizing Signature: _____ Date: _____

Email Address: _____

Please send all completed forms to: The Travel Department travels@jlab.org

Note: Please notify your travel coordinator at Jefferson Lab as soon as possible when any banking information changes