



International Outgoing Wire Form

Complete and return this form with all required documentation to: INTLwires@nctreasurer.gov.

For questions, please call 919-814-3871.

REQUESTOR INFORMATION

Agency Name:

Agency Contact Name:

Phone #:

Debiting Disbursing/STIF Account Number:

Foreign National Taxation Review Info.:

I certify the information provided on this form is true and correct, and I am authorized to initiate wires on behalf of this agency.
Electronic signatures will **not** be accepted.

Authorized Signature: _____ Date Signed: _____

BENEFICIARY/RECIPIENT INFORMATION

Beneficiary/Recipient Name:

Phone #:

Beneficiary Address, City, State, Zip and Country:

Information for the Beneficiary (invoice number, purchase order number, etc.) optional:

Are funds being sent in foreign currency? ☐ Yes ☐ No

US Dollar Wire Amount:

Wire Fee: **\$ 30.00**

Foreign Currency Amount:

Foreign Currency Type:

BENEFICIARY BANK INFORMATION

Beneficiary Bank Name:

Beneficiary Bank Routing Transit Number (RTN) or SWIFT Bank Identifier Code (BIC):

Beneficiary Bank Account Number / IBAN:

International Routing Code (IRC):

Beneficiary Bank Address, City, State, Zip, and Country:

Information for the Beneficiary Bank, if applicable (Wires to Mexican banks require the CLABE account number in the Beneficiary instructions to ensure correct payment.):

INTERMEDIARY BANK INFORMATION

Intermediary Bank Name:

Intermediary Bank Routing Transit Number (RTN) or SWIFT Bank Identifier Code (BIC):

International Routing Code (IRC):

Intermediary Bank Address, City, State, Zip, and Country:

FOR INTERNAL USE ONLY: Financial Operations Division

Date Wire Request Received:

Date OSC Approved:

Verified By:

Date and Time:

Date Wire Amount & Fee Received:

Date Wire Processed:

Wire Initiator: _____ Wire Approver: _____

Reference #:

Updated July 2026