Request for Incoming Bank ACH/WIRE/EFT
University of Florida Banking and Merchant Services

Department Receiving Money		
Department Contact		
Department Address		
Primary Contact Email		***Secondary Dept POC***
Primary Contact Phone		Secondary POC Email
		Secondary POC Phone
Payer		
Country (If International)		
Payer Address		
Payer Contact		
Phone		
Fax		
Email		
Payment Amount		***Fund Code Used (i.e. 185)***
*Reference Information to Identify Payment - e.g. UFID _if_ payment is 3rd Party Sponsor for STUDENT account, or PROJECT ID and/or Invoice #		

*Complete this form and either **fax** to **(352) 846-3576** or **email** to **tmhelp@admin.ufl.edu***

Contact: BMS (352) 392-9057 if you have questions

Treasury Management Personnel Only	
Account Title	***University of Florida Board of Trustees***
Bank Name	***Wells Fargo***
Date Received	
Email Confirmation Date and Time	
Remittance Email for Payment Received	tmhelp@admin.ufl.edu

*Reference Information *to Identify Payment -*
Include UFID if payment is 3rd Party Sponsor for STUDENT account; Provide any reference information that will ID this payment
(such as - UFID, invoice number, name of keynote speaker, department name, etc.)