STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF EXECUTIVE BUDGET AND FINANCE DOA-2773 (R03/2021)



STATE CONTROLLER'S OFFICE CASH MANAGEMENT OPERATIONS PHONE (608) 266-7595

WIRE TRANSFER REQUEST

INSTRUCTIONS:

Please email the DOACashDesk@wisconsin.gov directly through the WiBox website https://wibox.wi.gov/dropoff. Do not directly email bank account information to the DOA Cash Desk email. Completed forms *must* come through the WiBox Dropoff Portal.

Date Funds should be Transferred		
Dollar Amount		
BENEFICIARY BANK INFORMATION (Required)		
Bank Name		
Branch Name		
Bank Routing Number		
Beneficiary Account Name		
Beneficiary Account Number		
Street Address (no P.O. Box)		
City, State, ZIP		
INTERMEDIARY BANK INFORMATION (If applicable)		
Bank Routing Number		
Bank Account Number		
Bank Name		
ADDITIONAL INFORMATION FOR BENEFICARY (If applicable)		
Detail Information that the Beneficiary will need		
AUTHORIZATIONS (must be signed by Financial Manager or pre-established delegate)		
Agency		
Contact Name (Name of person preparing this form)		
Contact Phone		
Financial Manager (or delegate) Name (please print)		
Financial Manager (or delegate) Signature		

This document can be made available in alternate formats to individuals with disabilities upon request.