

**GEORGIA INSTITUTE OF TECHNOLOGY
WIRE TRANSFER REFUNDS**

Please fill out the information below and return to the Bursar's Office

STUDENT INFORMATION

Name: _____
Address: _____

Student GT ID#: _____
Telephone #: _____
E-mail Address: _____
Refund Amount Requested: _____
Date of Request: _____

BENEFICIARY INFORMATION

Beneficiary Name: _____
Bank Name: _____
Bank Address: _____

City: _____
State: _____
Country: _____
Bank Account Number: _____
Bank SWIFT Code or ABA #: _____

INTERMEDIARY BANK INFORMATION

Bank Name: _____
Bank SWIFT Code or ABA #: _____
Bank Address: _____

City: _____
State: _____
Country: _____

Bursar's Office Use Only

Authorized Refund Amount \$ _____

Authorized Signature: _____

Date: _____

Treasury Services Use Only

Amount Returned \$ _____ Confirmation No: _____

Authorized Return Signature: _____

Date: _____