



REPETITIVE WIRE REQUEST

Office of the State Treasurer Arizona
1700 W. Washington Street, Suite 102, Phoenix, AZ 85007
Send completed form to banking@aztreasury.gov
(Type or print information)

Agency and Requestor Information:

Date: _____

Agency Name: _____
Requestor Name: _____
Requestor Phone Number: _____
Requestor Email: _____

Wire Transfer Information:

Repetitive Wire ID: _____
Amount of Wire: _____ Currency: _____
Effective Date of Wire: _____
Wire Addendum: _____

AFIS Document Type: _____ AFIS Document ID: _____

Beneficiary Information:

Beneficiary Full Name: _____
Beneficiary Address: _____

Additional Information: _____

Certification:

I certify that the Beneficiary on this request is the Vendor of the corresponding AFIS document. I
certify the information on this request was received by authorized personnel of that of the Beneficiary.
I understand that the Treasurer's Office relies upon this certification as a material representation.

Signature of Authorized Signer: _____

Full Name of Authorized Signer: _____

Title of Authorized Signer: _____