



# CITY OF BULLHEAD CITY, ARIZONA DOMESTIC WIRE TRANSFER FORM

Accounts Payable

To expediate your payment, please type or print clearly.

Purchase Order Number:

Wire Transfer Amount:

## Beneficiary Account Information

Account Name (Vendor/Company Name):

Bank Account Number:

Address Line 1:

Address Line 2:

Address Line 3:

## Beneficiary Bank Information

Bank Name:

Bank ID (routing number):

Bank Address Line 1:

Bank Address Line 2:

Bank Address Line 3:

Please return completed form via email: [ap@bullheadcityaz.gov](mailto:ap@bullheadcityaz.gov)

**For Office of Accounts Payable Use Only**

**Date Stamp - Received**

AP Reviewed and Approved:

Date: