

Office of Development and Alumni Affairs One Park Avenue, 5th Floor New York, New York 10016 Telephone: (212) 404-3640

Email: securityandwire.gifts@nyulangone.org

WIRE TRANSFER INSTRUCTION SHEET

IMPORTANT

SIGNATURE

Last updated: 11/23/2020

Please complete this form and forward it to your financial advisor. Please also forward a copy of this form to NYU Langone Health Office of Development and Alumni Affairs via email at securityandwire.gifts@nyulangone.org. This form of communication is important in the gift receipting process, as donor information is not always included in wire transfer instructions.

If you have any questions, please contact Rosemary Nunez at (212) 404-3673 or via email at securityandwire.gifts@nyulangone.org.

known or specify gift purpose

		Wire Transfer Instructions for Bankers
TO (DONOR'S BANKER OR FINANCIAL ADVISOR)		
		and Financial Advisors
TELEPHONE	FAX	Wire transfer for gifts of cash to NYU
Please use this form as authorization to wire transfer funds from my account to the gift account of NYU Langone Health at		Langone Hospitals should be sent to:
Bank of America.		Bank: Bank of America
		100 West 33rd Street
		New York, New York 10001
FROM (DONOR NAME)		ABA/ROUTING#: 0260-0959-3
		OR SWIFT: bofaus3n
ADDRESS		NAME OF ACCT.: New York University
		Account #: 4834478066
TELEPHONE	FAX	
		FOR ACH ONLY:
EMAIL		ABA/ROUTING#: 021000322
CIET AMOUNT (LISÉ OD SDECIEV CLID	DENICY)	IMPORTANT
GIFT AMOUNT (US\$ OR SPECIFY CUR	REINCY)	IMPORTANT
		For proper donor recognition, wire transfer
TRANSFERING BANK AND DATE OF TRANSFER		instructions must include the following information:
NYULH DESIGNATION NUMBER (IF KNOWN) OR GIFT PURPOSE		Donor's name and addressNYULH designation number if