



# Wire Transfer Payment Form

Soka University of America , Aliso Viejo  
Office of Student Accounts / studentaccounts@soka.edu  
1 University Drive, Aliso Viejo, California 92656 / Telephone (949) 480-4043, 4129 • Fax (949) 480-4151

I hereby notify Soka University of America, Aliso Viejo of the wire transfer payment. Please credited to the following student's account upon confirmation of payment:

*\*Required fields*

**Student's ID\*:** \_\_\_\_\_

**Student's Name\*:** \_\_\_\_\_

**Payment for\*:**

**Tuition / Room & Board / Health Fee:** \$ \_\_\_\_\_ . \_\_\_\_\_

**Other (Specify):** \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

**TOTAL AMOUNT: \$** \_\_\_\_\_ . \_\_\_\_\_

## Wire Transfer Information

**Submission Date\*:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

**Wire Transfer Sender Information (From):**

**Name\*:** \_\_\_\_\_

**Phone\*:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Bank Name\*:** \_\_\_\_\_

*To ensure proper application of your payment, please completely fill out all required fields.*

— For Office Use Only —	
Total Amount Received: \$ _____	Unpaid Bank Fees: \$ _____
Processed by: _____	Date: _____

*Received stamp*