COMPTROLLER of MARYLAND
Serving the People

STATE OF MARYLAND
WIRE PAYMENT REQUEST

SECTION I (REQUIRED) MUST BE TYPED

1. Agency ID
   R 3 2
2. Agency Contact
   Jeanna Reaves
3. Agency Name
   University of Maryland College Park
4. Agency Phone Number
   301-405-2640
5. Vendor Name
6. Vendor TIN and Mail Code
7. Foreign Currency Type and Amount
8. USD Amount
9. Beneficiary Name on bank account
10. Beneficiary Address
11. Account Number
12. IBAN
13. Bank Name
14. Bank Address
15. Additional Information

SECTION II – BANK ROUTING INFORMATION

16. ABA/Routing (Domestic)
17. SWIFT Code/BIC
18. Other Routing Codes (eg. IFSC Code)

SECTION III – INTERNATIONAL WIRES ONLY

NOTE: VENDOR IS RESPONSIBLE FOR ANY FEES RELATED TO RETURNED WIRES WHEN THE CORRESPONDENT BANK PROVIDED IS INCORRECT OR WHEN THE CORRESPONDENT BANK IS NOT PROVIDED

19. Correspondent Bank Name
20. Correspondent Bank Address
21. Swift Code/BIC

SECTION IV - VENDOR'S APPROVAL

22. Approve Name (print)

Approver Signature and Date

Wire Transfer (X-9 Form) Instructions MUST BE TYPED

An X-9 form must accompany every wire transfer
(If a repeat vendor and no changes are needed, a copy of the X-9 form will be accepted)

Lines 1-4 is for the University of Maryland use only. (Does not need to be completed by Vendor)

Section I - (All Fields are Required):
5 - Vendor Full Name (e.g. payee name, a company's name) Vendor name should match invoice, PO, X9 and the beneficiary
6 – US SS# or US FEI# is the same as TIN and will be processed by the State
7 - What currency would you (the beneficiary) like to be paid in. If not, US dollars you will need the conversion sheet. If the invoice is in foreign currency, you will need the conversion sheet. If US funds you need to add $10 wire fees to the PO. Please note that PDT 91 for U S dollars/ PDT 90 for Foreign Currencies in WD
8 - USD dollars. You can only use 7 or 8, not both.
9 - Beneficiary (person/company name on the bank account), they must match the vendors name on line 5 or the payment will not be processed.
10 - Beneficiary Address: full street address, city, zip code, and/or country. (**P.O. Box is not accepted). Address should match to the invoice and in the PO. MUST BE A FOREIGN ADDRESS**
11 - Beneficiary Bank Account Number
12 - IBAN (make sure the IBAN starts with letters, if you do not know this information, please check with your bank). If the IBAN number is too long for the space, please type additional information in line 15. If IBAN is not available, swift code is required.
13 - Bank Full Name CAN BE ANY BANK
14 - Bank Address: full street address, city, zip code, and/or country (**P.O. Box is not accepted**).
15 - Optional: Any additional information that you would like to add (e.g. such as email address, phone number, additional payment details)

Section II - Bank Routing Information:
16 - For Domestic Banks, routing number is required. If not available, provide swift code.

17 - For International Wires, provide swift code as an additional option (if you do not know this information, please check with your bank)
18 - Optional

Section III - Foreign Wires Only:
(Verify if your financial institution has a correspondent bank)
19 - Correspondent Bank Full Name
20 - Correspondent Bank Full Street Address
21 - Correspondent Bank Swift Code or Routing Number (depending on if the bank is international or domestic) **Line 17 and 21 should not match**.

Section IV – Vendor's Approval (Required):
22 – Approve Name: Must print, sign, and date form, *it is important.* Electronic signature is accepted.

Please make all information legible. If X-9 form is not completed, the department will be notified of any missing and/or incorrect information. Departments are responsible for all follow-up with the Vendor. The wire transfer will be delayed until the needed information is received by Working Fund.

If you have any questions, please feel free to contact Working Fund at (301) 405-2622.