

**STATE OF MARYLAND
WIRE PAYMENT REQUEST**

SECTION I (REQUIRED)

MUST BE TYPED

1. Agency ID _____	2. Agency Contact _____
3. Agency Name _____	4. Agency Phone Number _____
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) _____
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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 _____
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