

**STATE OF MARYLAND
WIRE PAYMENT REQUEST**

SECTION I (REQUIRED)

MUST BE TYPED

1. Agency ID R 3 2	2. Agency Contact Jacqueline Kilgore
3. Agency Name University of Maryland College Park	4. Agency Phone Number 301-405-2644
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
_____	_____



UNIVERSITY OF MARYLAND

Wire Transfer (X-9 Form) Instructions

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)

6 - Optional

7 - What currency would you (the beneficiary) like to be paid in.

8 - USD equivalent of number 7 will be determined at time of payment

9 - Beneficiary (person/company name on the bank account),

10 - Beneficiary Address: full street address, city, zip code, and/or country. **(P.O. Box is not accepted).**

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 IBAN is not available, swift code is required.

13 - Bank Full Name

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. 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.