COMPTROLLER of MARYLAND
*Serving the People*

# STATE OF MARYLAND
# WIRE PAYMENT REQUEST

**SECTION I** (REQUIRED) MUST BE TYPED

1. Agency ID
   R29
2. Agency Contact
   Janae Fontaine
3. Agency Name
   Salisbury University
4. Agency Phone Number
   410-543-6079
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