State of Maryland Electronic Funds Transfer Request Authorization

R*STARS X-9

University of Maryland-Baltimore (Dept of Financial Services)

Send completed form to: VENDOR REGISTRATION

Agency Name:

General Accounting Division, 2nd Floor, Room 207, Annapolis, Maryland 21404-0746

Monica Honza Phone Number: 410-706-6796 Agency Contact: TRANSACTION DESIRED: (check appropriate box): [X] Fed Wire (91) – Wire transfer – Foreign wire Agency Signature and Date: Vendor Name: * Address: Vendor Phone No.: I hereby authorize the State of Maryland to disburse payment to the name listed above through an electronic payment method. Vendor's Name & Signature and Date: (if corporation – authorized signer) Print name Sign name Date VENDORS BANK INFORMATION: (Receiving bank) – (to be used by GAD and Treasury) Bank Name: Address: Phone No.: Contact Name: **Banks Signature and Date _____ Bank Account Name: IBAN number(if avail): Bank ABA No.:____ Vendors Account No. or Swift code: __ (for foreign not domestic banks) CORRESPONDENT / INTERMEDIARY BANK INFORMATION: If needed - (to be used by Treasury) Bank Name: Address: Bank ABA No.: (for foreign not domestic banks) or Swift code: OFFICIAL USE ONLY BY - GAD Mail Code: R*STARS Vendor Number:

This form must be legible and should be typed. This form must be completed and submitted with each invoice and request for payment.

GAD Signature and Date

General Accounting Division - Date

Vendor Name: ____

State Treasurer's Office - Date

^{*} Vendor name and address must agree with the invoice that is being submitted

^{**} If unable to obtain bank signature there must be corroborating documentation to support the information- ie. Wiring instructions on invoice or vendor correspondence.