



STATE BANK OF INDIA
 200 N La Salle Street Suite - 500
 Chicago IL 60601
 Tel: 312-621-1200 Ext: 252/253/255

Form: WIRE

WIRE TRANSFER AUTHORIZATION AND AGREEMENT

SBI CUSTOMER INFORMATION		
NAME		
STREET ADDRESS		APT #
CITY	STATE	ZIP
PHONE (DAY)	PHONE (EVE)	
SBI CHICAGO ACCOUNT # 7 7 7	WIRE AMOUNT (in US dollars) \$	
PURPOSE OF WIRE	SOURCE OF FUNDS	
SPECIAL INSTRUCTIONS (if any)		
BENEFICIARY (RECEIVER) INFORMATION		
BENEFICIARY NAME		
BENEFICIARY ADDRESS		APT #
CITY	STATE	ZIP
BENEFICIARY ACCOUNT NUMBER	ROUTING NO	
BENEFICIARY BANK INFORMATION		
BENEFICIARY BANK NAME		
BENEFICIARY BANK ADDRESS (include city and state)	BENEFICIARY BANK'S ACCOUNT NUMBER	
INTERMEDIARY BANK INFORMATION (if applicable)		
BANK NAME		
BANK ADDRESS (include city and state)	BANK ABA NUMBER	

Authorization

By signing below, I authorize State Bank of India, Chicago to execute the above funds transfer instruction in accordance with the Terms and Conditions for Funds Transfers.

X _____
 Customer Signature

DATE/TIME _____

FOR OFFICE USE ONLY

DEPT REF # WT/____ /____ PREP BY: _____ VERIF BY: _____ AUTH BY: _____ ENTERED BY: _____ AUTH BY: _____

WIRE MP NUMBER _____

DATE: _____