



STATE BANK OF INDIA
 19 S LaSalle St, Ste 200
 Chicago, IL 60603
 Phone: 312-621-1200 Fax: 312-701-0232

MEMBER FDIC

WIRE TRANSFER AUTHORIZATION AND AGREEMENT

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