

**CB\$ TEMPLATE FORM
FOR ACCOUNT TRANSFERS**

(To establish a template for a repetitive wire transfer via CB\$)

To: NC Dept. of State Treasurer Banking Operations E-mail: dst.disbursing@nctreasurer.com	From: Agency Name: _____ Address: _____ _____	Date: _____
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Type of Request: (Select One)	
Add: _____	
Delete: _____	If Delete, Template #: _____
Change: _____	If Change, Template #: _____

Type of Payment: (Select One)
FT3S - STIF/Disbursing Account Transfer FT3C - Straight Thru / Internal Transfer

Debit Information:
Account Name: _____ STIF/Disbursing Account #: _____

Credit Account:
Account Name: _____ Account #: _____ Agency Name: _____ Payment Details: _____

Reason for Request:

Request Submitted By:
Agency Name: _____ CB\$ Customer ID : _____ (AAANNNN) Phone Number: _____
I certify that the information provided in this form is true and correct. Also, I certify that I am authorized to transact business on behalf of the agency on the accounts listed above.
Signature: _____ (Must be on signature card) Print Name: _____ Print Title: _____

NC Dept. of State Treasurer Use Only:	
Template # Assigned: _____	Template Setup/Modified on CB\$: _____
Signature Card Verified: _____	Template Setup/Modified on Wells Fargo: _____
Completed by: _____	Date: _____
Approved by: _____	Date: _____