

**CB\$ TEMPLATE FORM
FOR FEDERAL TAX PAYMENTS**

(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: (Check one)	
Add: _____	
Delete: _____	If Delete, Template #: _____
Change: _____	If Change, Template #: _____
Type of Payment: (Confirm with a checkmark)	FT32-Federal Tax Funding:
Debit Information:	
Account Name: _____	
Disbursing/STIF Account #: _____	
Payment Instructions:	
Payee Bank Name: Wells Fargo Bank, N.A.	
Address: 420 Montgomery St	
San Francisco, CA 94104	
ABA: 121000248	
Beneficiary Name: NC Dept of State Treasurer	
Account #: xxxxx 8255	
Other Payment Details: _____	

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: _____
Original Template Opened Date: _____	