CB\$ TEMPLATE FORM TO FUND THE INTERNATIONAL WIRE OUT ACCOUNT

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

| <u>To:</u> | From: | <u>Date:</u> |
|---|-------------------------|--|
| NC Dept. of State Treasurer | Agency Name: | |
| Banking Operations | Address: | |
| E-mail: dst.disbursing@nctreasurer.com | | |
| | | |
| Type of Request: (Check one) | | |
| Add: | _ | |
| Delete: | If Delete, Template #: | |
| Change: | If Change, Template #: | |
| Type of Payment: (Confirm with a c | shoolemente) | FT39-Other: To fund International wire out account |
| Type of Payment: (Confirm with a c | | F139-Other: 10 fund international wire out account |
| Debit Information: | | |
| | : | |
| Disbursing/STIF Account #: | : | |
| | | |
| Payment Instructions: | | |
| Payee Bank Name: | Wells Fargo | |
| City, State: | San Francisco, CA | |
| ABA: | 121000248 | |
| Beneficiary Name: | NC Dept of State Treas | urer |
| Account #: | xxxxx 2688 | |
| Other Payment Details: | To fund International w | ire out account |
| D | _ | |
| Request Submitted By: | | |
| Agency Name: | | |
| CB\$ Customer ID : | | (AAANNN) |
| Phone Number: | 1: 1: 0 | |
| 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. | | |
| | | |
| | | (Must be on signature card) |
| Print Name: | | |
| Print Title: | | |
| | | |
| NC Dept. of State Treasurer Use Only | y: | |
| Template # Assigned: | : | Template Setup/Modified on CB\$: |
| Signature Card Verified: | : | Template Setup/Modified on Wells Fargo: |
| | : | |
| Approved by: | : | Date: |