

**CB\$ TEMPLATE FORM
FOR INVESTMENT SUBSCRIPTIONS**
(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: (Confirm with checkmark)	
	FT34 - Investment Subscriptions (To move STIF funds to Long Term Account)
Debit Information:	
Account Name:	_____
Disbursing/STIF Account #:	_____
Credit Account:	
Account Name:	_____
Account #:	0009900
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: _____
Original Template Opened Date: _____	