

**CB\$ TEMPLATE FORM**  
**FOR NC DEPT. OF REVENUE TAX PAYMENTS**  
(To establish a template for a repetitive wire transfer via CB\$)

<b>To:</b> NC Dept. of State Treasurer Banking Operations E-mail: dst.disbursing@nctreasurer.com	<b>From:</b> Agency Name: _____ Address: _____ _____	<b>Date:</b> _____
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**Type of Request: (Select one)**

Add: \_\_\_\_\_

Delete: If Delete, Template #: \_\_\_\_\_

Change: If Change, Template #: \_\_\_\_\_

**Type of Payment: ( Confirm with checkmark )** FT3T - NC DOR Tax Payment: Tax ID # \_\_\_\_\_

**Debit Information:**

Account Name: \_\_\_\_\_

Disbursing/STIF Account #: \_\_\_\_\_

**Credit Account:**

Account Name: Dept. of Revenue \_\_\_\_\_

Internal Account #: 0600006 \_\_\_\_\_

Agency Name: NC Dept. of Revenue \_\_\_\_\_

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: _____	