

**CB\$ TEMPLATE FORM
FOR RETIREMENT CONTRIBUTIONS**
(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) FT3R - Retirement Contribution Payment	
Debit Information:	
Account Name:	_____
Disbursing/STIF Account #:	_____
Credit Account:	
Account Name:	NC Dept. of State Treasurer-Retirement Sweep
Account #:	0600102
Agency Name:	_____
Payment Details:	_____

Request Submitted By:	
Agency Name:	_____
CB\$ Customer ID :	_____ (AAANNNN)
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.	
Phone Number:	_____
Signature:	_____ (Must be on signature card)
Print Name:	_____
Print Title:	_____

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