

**CB\$ TEMPLATE FORM  
FOR WIRE TRANSFERS**

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

<b>To:</b> NC Dept. of State Treasurer Banking Operations - 919-814-3916 E-mail: dst.disbursing@nctreasurer.com	<b>From:</b> Agency Name: _____ Address: _____ _____	<b>Date:</b> _____
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<b>Type of Request: (Select One)</b>	Add Delete Change	If Delete, Template #: _____ If Change, Template #: _____
<b>Type of Payment: (Select One)</b>	FT31 - Funding Payroll FT3W - Withdrawal from STIF FT3E - EFT Funding NCAS	FT3K - 401K Payments FT3D - Deferred Comp Payments FT3P - EFT Funding CPS FT33 - Debt Service Wire Transfer FT39 - Other
<b>Debit Information:</b>	Account Name: _____ Disbursing/STIF Account #: _____	
<b>Payment Instructions:</b>	Beneficiary Bank Name: _____ Bank ABA/Routing #: _____ Beneficiary Name: _____ Account #: _____ Beneficiary Address: _____ Payment Details: _____	
<b>Reason for Request:</b>		

<b>Request Submitted By:</b> 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: _____
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<b>NC Dept. of State Treasurer Use Only:</b> 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: _____
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