

CB\$ TEMPLATE FORM FOR WIRE TRANSFERS

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

To:

NC Dept. of State Treasurer
Banking Operations - 919-814-3916
E-mail: dst.disbursing@nctreasurer.com

From:

Agency Name: _____
Address: _____

Date: _____

This form contains sensitive financial information that should not be emailed without being encrypted. If your system does not support email encryption, it is advisable that you contact dst.disbursing@nctreasurer.com for potential options to deliver the information in a secure format.

Type of Request: (Select One)

Add

Delete

Change

If Delete, Template #: _____

If Change, Template #: _____

Type of Payment: (Select One)

FT31 - Funding Payroll

FT3K - 401K Payments

FT33 - Debt Service Wire Transfer

FT3W - Withdrawal from STIF

FT3D - Deferred Comp Payments

FT39 - Other

FT3E - EFT Funding NCAS

FT3P - EFT Funding CPS

Debit Information:

Account Name: _____

Disbursing/STIF Account #: _____

Payment Instructions:

Beneficiary Bank Name: _____

Bank ABA/Routing #: _____

Beneficiary Name: _____

Account #: _____

Beneficiary Address: _____

_____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: _____

Signature Card Verified: _____

Completed by: _____

Approved by: _____

Original Template Opened Date: _____

Template Setup/Modified on CB\$: _____

Template Setup/Modified on Wells Fargo: _____

Date: _____

Date: _____