

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

(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: _____
---	--	--------------------

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:	If Delete, Template #:	_____
Change:	If Change, Template #:	_____

Type of Payment: (Select One)	FT3S - Disbursing Account Transfer to STIF FT3C - STIF to STIF Transfer
--------------------------------------	--

Debit Information:
Account Name: _____
STIF/Disbursing Account #: _____

Credit Account:
Account Name: _____
Account #: _____
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. Electronic signatures will not be accepted.	
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: _____