## CB\$ TEMPLATE FORM FOR FEDERAL TAX PAYMENTS

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

To:		From:	Date:
NC Dept. of State Treasurer		Agency Name:	
Banking Operations		Address:	
E-mail: dst.dis	bursing@nctreasure	r.com	
			d without being encrypted. If your system does not support r.com for potential options to deliver the information in a secure
Type of Request: (S	select one)		
Add:			
Delete:		If Delete, Template #:	
Change:		If Change, Template #:	
Type of Payment:	(Confirm)	FT32-Federal Tax Funding	
Debit Information:			
Account Name:			
Disbursing/STIF Account #:			
<b>Payment Instructio</b>	ns:		
Payee Bank Name:		Wells Fargo Bank, N.A.	
Address:		420 Montgomery St	
		San Francisco, CA 94104	
	ABA:	121000248	
		NC Dept of State Treasure	er
	Account #:	xxxxx 8255	
	Payment Details:		
Request Submitted	By:		
Agency Nar	me:		
CB\$ Customer ID :		(A	AAANNN)
Phone Number:			
I certify that the info	_		so, I certify that I am authorized to transact business on behalf of onic signatures will not be accepted.
Signature:			(Must be on signature card)
Print Ti	tle:		
NC Dept. of State T			
Template # Assigned:			Template Setup/Modified on CB\$:
Signature Card Verified:			Template Setup/Modified on Wells Fargo:
Completed by:			Date:
a	Approved by:		Date:
Original Te	emplate Opened Date:		