

**CB\$ TEMPLATE FORM  
FOR FEDERAL TAX PAYMENTS**

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

<b><u>To:</u></b> NC Dept. of State Treasurer Banking Operations E-mail: dst.disbursing@nctreasurer.com	<b><u>From:</u></b> Agency Name: _____ Address: _____ _____	<b><u>Date:</u></b> _____
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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:** (Confirm) FT32-Federal Tax Funding

**Debit Information:**

Account Name: \_\_\_\_\_  
Disbursing/STIF Account #: \_\_\_\_\_

**Payment Instructions:**

Payee Bank Name: Wells Fargo Bank, N.A.  
Address: 420 Montgomery St  
San Francisco, CA 94104  
ABA: 121000248  
Beneficiary Name: NC Dept of State Treasurer  
Account #: xxxxx 8255  
Payment Details: \_\_\_\_\_

**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: _____	Template Setup/Modified on CB\$: _____
Signature Card Verified: _____	Template Setup/Modified on Wells Fargo: _____
Completed by: _____	Date: _____
Approved by: _____	Date: _____
Original Template Opened Date: _____	