

**CB\$ TEMPLATE FORM
FOR RETIREMENT CONTRIBUTIONS**
(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: _____
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Type of Request: (Select one)

Add: _____

Delete: _____ If Delete, Template #: _____

Change: _____ If Change, Template #: _____

Type of Payment: (Confirm with checkmark) _____ FT3R - Retirement Contribution Payment

Debit Information:

Account Name: _____

Disbursing/STIF Account #: _____

Credit Account:

Account Name: NC Dept. of State Treasurer-Retirement Sweep

Account #: 0600102

Agency Name: _____

Payment Details: _____

Request Submitted By:

Agency Name: _____

CB\$ Customer ID : _____ (AAANNNN)

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.

Phone Number: _____

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: _____	_____