

CB\$ TEMPLATE FORM
FOR NC DEPT. OF REVENUE TAX PAYMENTS
(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: (Confirm)

FT3T - NC DOR Tax Payment: Tax ID # _____

Debit Information:

Account Name: _____

Disbursing/STIF Account #: _____

Credit Account:

Account Name: Dept. of Revenue

Internal Account #: 0600006

Agency Name: NC Dept. of Revenue

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: _____

Signature Card Verified: _____

Completed by: _____

Approved by: _____

Original Template Opened Date: _____

Template Setup/Modified on CB\$: _____

Template Setup/Modified on Wells Fargo: _____

Date: _____

Date: _____