

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.gov	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.gov 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: _____