

CBS\$ TEMPLATE FORM
TO FUND FEDERAL & STATE PAYMENTS
(To establish a template for a repetitive wire transfer via CBS\$)

To: NC Dept. of State Treasurer Banking Operations E-mail: dst.disbursing@nctreasurer.com	From: Agency Name: _____ Address: _____ _____	Date: _____
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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: <input type="checkbox"/>		If Delete, Template #: _____
Delete: <input type="checkbox"/>		If Change, Template #: _____
Change: <input type="checkbox"/>		_____

Type of Payment: (Confirm) FT39 - Other

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 0322
Payment Details: _____

Request Submitted By:

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