

**CB\$ TEMPLATE FORM  
FOR INVESTMENT SUBSCRIPTIONS**  
(To establish a template for a repetitive wire transfer via CB\$)

<b>To:</b> NC Dept. of State Treasurer Banking Operations E-mail: dst.disbursing@nctreasurer.com	<b>From:</b> Agency Name: _____ Address: _____ _____	<b>Date:</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.

<b>Type of Request: (Select one)</b>	
Add: _____	
Delete: _____	If Delete, Template #: _____
Change: _____	If Change, Template #: _____
<b>Type of Payment: ( Confirm )</b>	
	FT34 - Investment Subscriptions (To move STIF funds to Long Term Account)
<b>Debit Information:</b>	
Account Name: _____	
Disbursing/STIF Account #: _____	
<b>Credit Account:</b>	
Account Name: _____	
Account #: 0009900 _____	
Agency Name: _____	
Payment Details: _____	

<b>Reason for Request:</b>   
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<b>Request Submitted By:</b>
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: _____

<b>NC Dept. of State Treasurer Use Only:</b>	
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: _____	