



Domestic Outgoing Wire Form

Complete the form below for US dollar domestic outgoing wire requests. Return the form to:
dstdisbursing@nctreasurer.gov

Reminder: Our office must receive this request **prior to 10:00 am for same day processing**. All requests received after 10:00 am will be processed the next business day. For questions, please call 919-814-3916.

REQUESTOR INFORMATION

Agency Name:

Agency Contact Name:

Phone Number:

Debiting Disbursing/STIF Account Number:

I certify the information provided in this form is true and correct, and I am authorized to act in the capacity indicated and to transact business on the account listed above. Only original signatures accepted; no electronic signatures.

Authorized Signature:

Date Signed:

BENEFICIARY/RECIPIENT INFORMATION

Beneficiary/Recipient Name:

Information for the Beneficiary (invoice number, purchase order number, etc.) optional:

US Dollar Wire Amount:

BENEFICIARY BANK INFORMATION

Beneficiary Bank Name:

Beneficiary Bank Routing Transit Number (RTN or ABA):

Beneficiary Bank Account Number:

Information for the Beneficiary Bank, if applicable:

FOR INTERNAL USE ONLY:

Date & Time Wire Request Received:

Verified By:

Date and Time:

Date Wire Processed: