

# CBS\$ TEMPLATE FORM FOR WIRE TRANSFERS

(To establish a template for a repetitive wire transfer via CBS\$)

<b>To:</b> NC Dept. of State Treasurer Banking Operations - 919-814-3916 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: (Select One)</b>		
FT31 - Funding Payroll	FT3K - 401K Payments	FT33 - Debt Service Wire Transfer
FT3W - Withdrawal from STIF	FT3D - Deferred Comp Payments	FT39 - Other
FT3E - EFT Funding NCAS	FT3P - EFT Funding CPS	

**Debit Information:**

Account Name: \_\_\_\_\_

Disbursing/STIF Account #: \_\_\_\_\_

**Payment Instructions:**

Beneficiary Bank Name: \_\_\_\_\_

Bank ABA/Routing #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

\_\_\_\_\_

Payment Details: \_\_\_\_\_

**Reason for Request:**

**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.

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: _____	