

CB\$ TEMPLATE FORM FOR WIRE TRANSFERS

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

To:

NC Dept. of State Treasurer
Banking Operations - 919-814-3916
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 ☐
Change ☐

If Delete, Template #: _____

If Change, Template #: _____

Type of Payment: (Select One)

☐ FT31 - Funding Payroll
☐ FT3W - Withdrawal from STIF
☐ FT3K - 401K Payments
☐ FT33 - Debt Service Wire Transfer
☐ FT39 - Other

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