

CHANGE OF BANK ACCOUNT



Submit **either** Page 1 or Page 2, depending upon what information you are adding or changing.



New York City Campaign Finance Board

100 Church Street, 12th Floor, New York, NY 10007 • 212.409.1800

www.nycffb.info • CSUmail@nyccfb.info

CHANGE OF BANK ACCOUNT

| | | | | |
|-----------------------|--|--|------|----------------------|
| CANDIDATE NAME: LAST* | | FIRST* | M.I. | CFB USE ONLY |
| COMMITTEE NAME* | | ELECTION CYCLE* | | CANDIDATE I.D. _____ |
| | | <input type="checkbox"/> 2021 <input type="checkbox"/> OTHER _____ | | COMMITTEE I.D. _____ |

1. FOR AMENDING PRIMARY BANK ACCOUNT ONLY (IF PRIMARY ACCOUNT IS BEING REPLACED, FILL IN OLD BANK NAME AND ACCOUNT NUMBER AND INDICATE THE DATE CLOSED)

| | | | | | |
|----------------------|-------|-------|-----------------------|---|--|
| BANK/DEPOSITORY NAME | | | | | |
| CITY | | STATE | | ZIP CODE | |
| ACCOUNT NUMBER | | | ACCOUNT NAME (IF ANY) | | |
| DATE OPENED | MONTH | DAY | YEAR | TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____ | PURPOSE OF ACCOUNT <input type="checkbox"/> PRIMARY/GENERAL ELECTIONS <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <input type="checkbox"/> OTHER (SPECIFY) _____ |
| DATE CLOSED (IF ANY) | MONTH | DAY | YEAR | | |
| CURRENT BALANCE \$ | MONTH | DAY | YEAR | | |
| \$ | . | | | | |

2. FOR ADDING OR AMENDING ADDITIONAL BANK ACCOUNTS

| | | | | | |
|----------------------|-------|-------|-----------------------|---|--|
| BANK/DEPOSITORY NAME | | | | | |
| CITY | | STATE | | ZIP CODE | |
| ACCOUNT NUMBER | | | ACCOUNT NAME (IF ANY) | | |
| DATE OPENED | MONTH | DAY | YEAR | TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> OTHER (SPECIFY) _____ | PURPOSE OF ACCOUNT <input type="checkbox"/> PRIMARY/GENERAL ELECTIONS <input type="checkbox"/> SEGREGATED ACCOUNT FOR SOLICITING NON-MATCHABLE CONTRIBUTIONS <input type="checkbox"/> OTHER (SPECIFY) _____ |
| DATE CLOSED (IF ANY) | MONTH | DAY | YEAR | | |
| CURRENT BALANCE \$ | MONTH | DAY | YEAR | | |
| \$ | . | | | | |

3. FOR MERCHANT ACCOUNTS: If you process credit card contributions using a merchant account, you must provide your acquiring bank's name(s) and your committee's merchant account number(s).

| | |
|-----------------------|-------------------------------------|
| ACQUIRING BANK'S NAME | COMMITTEE'S MERCHANT ACCOUNT NUMBER |
| ACQUIRING BANK'S NAME | COMMITTEE'S MERCHANT ACCOUNT NUMBER |

I authorize the Campaign Finance Board to update my records to reflect the changes above.

CANDIDATE OR TREASURER SIGNATURE

DATE



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| COMMITTEE NAME | | | CANDIDATE I.D. _____ COMMITTEE I.D. _____ |

4. FOR DIRECT DEPOSIT ONLY: To receive public funds, the campaign must attach a VOIDED check and write the routing number here (starter check will not be accepted).

CHECKING ACCOUNT ABA/ROUTING NUMBER (FOR USERS OF DIRECT DEPOSIT OF PUBLIC FUNDS ONLY)

Friends of Jane Henley 280
44-22 Roosevelt Avenue, Ste 504
Jackson Heights, NY 11372

DATE _____

Pay to the order of: _____ **VOID** _____ \$ _____ DOLLARS

MEMO _____

| : 000067894 | : 12345678

I authorize the Campaign Finance Board to update my records to reflect the changes above.

CANDIDATE OR TREASURER SIGNATURE

DATE