

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 <input type="checkbox"/> 2017 <input type="checkbox"/> OTHER _____	CANDIDATE I.D. _____ 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

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CANDIDATE OR TREASURER SIGNATURE

DATE