

# CHANGE OF BANK ACCOUNT



Submit Page 1, Page 2, or Page 3 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@nycffb.info

## CHANGE OF BANK ACCOUNT

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

**1A. FOR AMENDING OR CLOSING 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			
<b>\$</b> .						

**1B. FOR NEW PRIMARY ACCOUNT (IF ACCOUNT IN 1A IS 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			
<b>\$</b> .						

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*	ELECTION CYCLE* <input type="checkbox"/> 2021 <input type="checkbox"/> OTHER _____		CANDIDATE I.D. _____ COMMITTEE I.D. _____

### 2A. FOR ADDING SECONDARY BANK ACCOUNT

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				
\$	.						

### 2B. FOR AMENDING SECONDARY BANK ACCOUNT

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				
\$	.						

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

\_\_\_\_\_

CANDIDATE OR TREASURER SIGNATURE

\_\_\_\_\_

DATE



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## CHANGE OF BANK ACCOUNT

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

3.

**ONLINE CREDIT CARD CONTRIBUTIONS:** NYC Votes Contribute is the CFB's online credit card platform. By registering with the CFB, you will automatically have access to this feature, and you do not have to enter it below. If you plan on accepting credit card contributions outside of NYC Votes Contribute, 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

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: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

VOID

MEMO \_\_\_\_\_

| : 000067894 | : 12345678

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

\_\_\_\_\_

CANDIDATE OR TREASURER SIGNATURE
DATE