

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 • CandidateServices@nycffb.info

CHANGE OF BANK ACCOUNT

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

1A. FOR NEW PRIMARY 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				
\$.						

1B. 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				
\$.						

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				
\$.						

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CANDIDATE OR TREASURER SIGNATURE

DATE



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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
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