



THE CITY OF NEW YORK
 OFFICE OF THE COMPTROLLER
 1 Centre Street, Room 200 South
 New York, New York 10007

Select One Option:

Retainage

Franchise

Date: _____

Agency Request for New Bond Substitution Account/ Account Update

Agency Name: _____ Agency #: _____

Vendor Name: _____ Vendor #: _____

Address: _____ Contract #: _____

City: _____ State: _____ Zip: _____ Tax ID #: _____

Email Address: _____ Account #: _____

(C.U Created)

Request Type: _____

Summary Of Retainage/Franchise Account (To be completed by Agency)

Beginning Cash Balance: _____

Remaining Cash Balance: _____
(Equals Total Cash Less Substitution)

Beginning Bond Balance: _____

Ending Bond Balance: _____

Prepared By: _____

Signature: _____

Date: _____

Title: _____

Department Certification:

Signature: _____

Date: _____

Title: _____

Engineering Audit Officer's Certification:

Signature: _____

Date: _____

Title: _____

For Custodial Unit Use Only.

RECEIVED BY: _____

DATE: _____

PROCESED BY: _____

DATE: _____

***There is a \$375.00 annual custodial Fee that must be collected
 in order to process new account deposits.***