	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 Acc	count/ Account Update
Agency Name:		Agency #:
Vendor Name:		Vendor #:
Address:		Contract #:
City:	State:Zip:	
Email Address:		Account #:
		(C.U Created) Request Type:
Summary Of Re	tainage/Franchise Account (To be completed by Agency)	
Beginning Cash Balance:	Remaining Beginning B	Cash Balance: (Equals Total Cash Less Substitution) Bond Balance:
	Ending	Bond Balance:
Prepared By:		
Signature:		Date:
Title:		
Department Ce	rtification:	
Signature:		Date:
Title:		
	dit Officerule Contificetion.	
	dit Officer's Certification:	Data
Signature:		Date:
Title:		
For Custodial U RECEIVED BY:	nit Use Only. DATE:	
PROCESED BY:	DATE:	
	***There is a \$375.00 annual custodial Fee that m in order to process new account deposit	

All information Required. Transactions will NOT be processed if incomplete information is submitted For any questions please contact the Custodial Accounts Unit [CustodialUnit@comptroller.nyc.gov]