



Office of the New York City Comptroller

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AGENCY REQUEST FOR NEW BOND SUBSTITUTION ACCOUNT/ACCOUNT UPDATE

Select One Option:

Retainage

Franchise

Date: _____

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.***

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]