



**THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER**

INTERNAL CONTROL AND ACCOUNTABILITY DIRECTIVES

DIRECTIVE #9 EXHIBITS A, B, AND C

The following pages contain images of these forms, which are noted throughout Directive #9:

- *Agency Request for New Bond Substitution Account/Account Update Form*
- *New Transaction Request Form*
- *Contractor Lien/Assignment Certification Form*

Fillable PDF versions of the forms can be found on the [Retainage and Franchise](#) page of the Comptroller's website.

Exhibit A: Agency Request for New Bond Substitution Account/Account Update Form



Office of the New York City Comptroller
 1 Centre Street, Room 200 South New York, New York 10007

AGENCY REQUEST FOR NEW BOND SUBSTITUTION ACCOUNT/ACCOUNT UPDATE

Select One Option:

Retainage

Franchise

Print

Date: _____

Agency Name: _____ Agency #: _____

Vendor Name: _____ Vendor #: _____

Address: _____ Contract #: _____

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

Email Address: _____ Account #: _____

(C.U Created)

Request Type: Select One

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

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

Change Request _____ 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: _____

PROCESSED 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]

Exhibit B: New Transaction Request Form



Office of the New York City Comptroller
 1 Centre Street, Room 200 South New York, New York 10007
NEW TRANSACTION REQUEST

Select One Option:

Retainage

Franchise

Date: _____

<input type="checkbox"/> Deposit	<input type="checkbox"/> Substitution	<input type="checkbox"/> Release
Vendor Name: _____		Account #: _____
Address: _____		Contract #: _____
City: _____	State: _____	Zip: _____
Email Address: _____		Beginning MMV Change in MMV
Payee/Vendor #: _____ <small>(for Franchise use Tax Id#)</small>		Total MMV
Clearing Agent #: _____	Clearing Agent Name: _____	
BrokerAgent #: _____	Account # to Clearing Agent #: _____	

*All Released Funds and Securities will be delivered to the broker account

Description of Securities			Value		Date		
<u>Substitution</u> <small>(Select one)</small>	Cusip- Description	Coupon Rate	Market	Par	Trade	Settlement	Maturity
Select One		0.00%					
Select One		0.00%					
Select One		0.00%					
Select One		0.00%					
Select One		0.00%					
Select One		0.00%					
Select One		0.00%					
Select One		0.00%					

Citi Bank Delivery Instruction	For Custodial Unit Use Only
DIC Citibank #0908 Customer Six-Digit Custody Account # with Citibank: Customer Name: Agent ID: 27603 Institution ID: 29424	FED CITIBANK NYC/CUST Customer Six-Digit Custody Account # with Citibank: Customer Name: ABA #021000089 DDA: 36854059
Received By & Date: _____ Transaction Created By & Date: _____ Verified, Authorized & Released By & Date: _____	

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

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

Exhibit C: Contractor Lien/Assignment Certification Form

Depositor Letterhead

Contractor Lien/Assignment Certification

Date

Contracting Agency Address

Dear (Contracting Agency Contact):

Re: Contractor
Contract Number
Payee/Vendor #

This letter is to advise you that to the best of our knowledge we:

- Do or do not (circle one) have any outstanding liens against the company or contract
- Do or do not (circle one) have an assignment against the company or contract
- Enclose copy of the assignment, if applicable

Our company Federal Tax ID number is _____.

Sincerely yours,

Vendor Name _____

Print Name _____

Title _____

Telephone # _____

Notary _____
