Request to Document/Register a Bank Account

Please type or print information (except signatures)

1

Location Code: _____ District Code: _____

School Name: _____ School's Main Phone Number:

Address: _____ _____

City: _____ State: ____ Zip Code: _____

Principal's Name _____ Principal's e-mail _____

Contact Person _____ Contact's e-mail _____

Contact Phone _____

2

NEW ACCOUNT INFORMATION

Name of Account:
NYC Department of Education
In Trust For _____
School Name and/or Number
General School Fund Account **or**
_____ Scholarship Fund **or**
_____ Trust Fund, etc.

Type of Account
(Check)

- ☐ General School Fund and Lunch
- ☐ General School Fund
- ☐ Trust
- ☐ Scholarship
- ☐ School Lunch
- ☐ Other

Name of Bank: _____

Bank Address: _____

City: _____ State _____ Zip Code _____

3

SIGNATORIES

Enter a minimum of three (3) full time annual employee names. Two (2) signatories must sign each check.
Signature cards must be updated immediately upon any change in signatories.

1 - Name: _____ 1 - Title: _____

2 - Name: _____ 2 - Title: _____

3 - Name: _____ 3 - Title: _____

4 - Name: _____ 4 - Title: _____

5 - Name: _____ 5 - Title: _____

4

TREASURER OF ACCOUNT

*The School Treasurer may **NOT** be designated as a check signatory*

Treasurer Name: _____ Title: _____

Home Address: _____ Treasurer Phone: _____

DFO/Principal's Signature: _____ Date: _____

Preparer's Name: _____ Preparer's e-mail: _____

PLEASE RETURN TO: THE DIVISION OF FINANCIAL OPERATIONS, 65 COURT ST. ROOM 1802, BROOKLYN, NEW YORK 11201.

Print Form