Print Form

The City of New York
Department of Finance, Treasury Division
66 John Street, 12th Floor, New York, NY 10038
Telephone (212) 487-2582
FAX (212) 487-7059

LOG # _____
(For DOF Use Only)

BANK ACCOUNT REQUEST FORM

I. IDENTIFICATION

1. Department Name: DEPARTMENT OF EDUCATION

2. FMS Dept. Code: 040

3. Division (School Name): _____

Operating School/Site/Office Address: _____

City: _____ State: New York Zip Code: _____

4. Requested Account Title: The City of New York

Name of Department (DOE/School): _____

Further Descriptive Title (GSF, Lunch, etc.): _____

5. Requested Bank Name: _____

Branch Address: _____

City: _____ State: _____ Zip Code: _____

6. Why did you select this bank/branch?

NEAREST DESIGNATED BANK TO SCHOOL

Click here to access list of Designated Banks

7. Will the new bank account replace an existing account? . ☐ Yes ☐ No

If **yes**, identify existing account:

Bank Name:

Account Number:

Account Title:

Branch Address:

City: State: Zip Code:

8. Why is existing account being replaced?

9. Length of Program:

II. LEGAL REQUIREMENTS

1. **Is the proposed account required to satisfy a legal or regulatory provision?**
   Yes . No

If **yes**, attach a copy of the law or regulation, clearly identifying the statement of requirement for the account. Check here if attached: ☐

III. CASH FLOW

1. Will this account be funded by the City Treasury? . Yes . No
If **no**, describe the source of monies to be deposited into this account:

2. **Describe how monies will be transferred into the account:**

MANUAL DEPOSITS

3. If account is not to be funded by the City Treasury, provide justification for depositing monies to this account rather than to the City Treasury, as required by Comptroller's Directive 11, section 3.4.

NOT APPLICABLE

4. Identify any other account(s) the department/school maintains containing monies from a similar (non-Treasury) source, other than accounts to be replaced by this account:

Bank Name:

Account Number

Account Title:

5. Describe the method of disbursement of monies from the proposed account:

CHECKS

6. Describe the purpose(s) for which monies will be expended:

STUDENT RELATED EXPENSES

7. If monies will be disbursed through this account to outside parties, provide justification for requesting a separate account rather than vouchering payment through FMS Accounting:

NOT DOE APPROPRIATED FUNDS

8. Does the department/school maintain other accounts which serve a similar purpose? ☐ Yes . ☐ No If yes, identify.

Bank Name:

Account Number:

Account Title:

9. Why is your department/school requesting a new account instead of using existing account?

IV. SERVICES

1. Expected monthly activity in proposed account: Please give your best estimates

Monthly cash flow	**$**
Average daily balance	**$**
Number of deposits made per month	
Number of checks deposited per month:	
Dollar amount of checks deposited per month	**$**
Dollar amount of cash deposits per month	**$**
Number of checks written per month	
Dollar amount of checks written per month	

2. Will monies be disbursed by means other than check? . Yes No
If yes, complete the following:

Method of disbursement: **CHECKS**

No. of disbursements (Estimated):

Dollar amount of disbursement/month (Estimated) **$**:

V. RESPONSIBLE OFFICIALS

1. **Signatories: Include two completed sets of signature cards. At least two signatories are required. If a facsimile signature will be used, please imprint specimen on line below.**

NAME	TITLE	BACKGROUND CHECK/FINGERPRINTING (Y/N)
		Yes
		Yes
		Yes
		Yes
		Yes

Normally, the signatures of any two of the designated signatories will be required on all checks. If there are further restrictions, describe:

2. Employee to whom statements and canceled checks should be sent: (Cannot be one of the signatories listed above).

Name:

Title:

Mailing Address:

City: State: Zip Code:

3. Employee to be contacted for follow-up to this request:

Name:

Title:

Mailing Address:

City: State: Zip Code:

Telephone #: ( ) _____

Fax #: ( ) _____

VI. STATEMENT OF JUSTIFICATION

New bank accounts will be approved only if the requesting department provides strong justification, and only if the request is signed by a responsible department official. Use the space provided below to describe why the proposed account is necessary to the department's operations, and why an existing account could not be used for the same purpose. Attach separate sheets if necessary.

VII. SPECIAL SERVICES

CENTRAL OFFICE USE ONLY
DO NOT COMPLETE

Standard banking services such as check payment, deposit services, and monthly statements will be provided routinely. If you wish to request any of the special services below, provide justification at the bottom of this page or on a separate sheet. Include a description of the type and volume of service requested, and an explanation of the need for the service.

Check all special services requested:

☐ Check cashing (describe in full)

☐ Wire Transfer (outgoing)
Expected monthly volume:_____

☐ On-line stop payment
Expected monthly volume:_____

☐ Zero balance

☐ Controlled disbursement

Automated reconciliation (Check One)

- ☐ Full .
- ☐ Partial .

☐ Balance reporting (specify on separate sheet)

☐ Check image capture electronic/microfilm (specify on separate sheet)

☐ Positive pay

☐ Night deposit

Expected monthly number:_____

☐ Lockbox

Expected monthly volume:_____

Check retention period desired (Check One)

- ☐ Years
- ☐ Months

☐ Special checkbooks (describe on separate sheet)

☐ Additional statement copies

Number needed _____

☐ Daily or weekly statements

Frequency _____

☐ Debit Block/Filter

☐ Other (If not specified above, please describe)

VIII. DEPARTMENT APPROVAL.

APPROVED: _____
(Signature of Department Head)

Date:

Name: _____
(Please print or type)

Title: _____
(Please print or type)

Log number _____

TREASURY DIVISION USE ONLY - DO NOT COMPLETE

Received by: _____

Date:

Comments:

Recommendation:

☐ **Approve**

☐ **Deny**

Reviewer: _____

Date:

ACCOUNT FEATURES: Mark as appropriate. Explain “no” entries in 1 and 2.

1. City relationship account	☐ Yes ☐ No
2. Collateral required	☐ Yes ☐ No
3. ZBA funded by Pool	☐ Yes ☐ No
4. Imprest account	☐ Yes ☐ No
5. Addplex account	☐ Yes ☐ No
6. Interest bearing	☐ Yes ☐ No
7. Commissioner signature	☐ Yes ☐ No

8. Comptroller signature ☐ **Yes** ☐ **No** **Initials:**

Account analysis group:

Special features (list):

FRAUD PREVENTION FEATURES: Mark as appropriate. Explain “no” entry 1.

1. ACH debit block (For disbursement or other high volume accts)	☐ Yes ☐ No
2. Positive pay (For accounts not requiring check stock)	☐ Yes ☐ No
3. Post no checks	☐ Yes ☐ No
4. Stale date feature	☐ Yes ☐ No
5. Checks issuance	☐ Yes ☐ No
6. Fed Drawdowns	☐ Yes ☐ No

Fraud prevention group: _____

Initials:

TREASURER SIGNOFF: ☐ Approve ☐ Deny

Signed: _____ Date: _____