NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

FIRE DISTRICT NAME_____FIRE DISTRICT CODE_____

FIRE DISTRICT ADDRESS_____

I (We) hereby authorize the New York State Department of Financial Services to electronically deposit the fire tax funds to the fire district/department account in the depository specified below, and if necessary, to adjust such deposit for errors or testing purposes.

☐ **Check box if bank or financial institution information is on file with the NYS Department of Financial Services and remains the same. Please sign below as Treasurer/Fiscal Officer.**

BANK/FINANCIAL INSTITUTION NAME_____

NAME ON BANK ACCOUNT _____

ROUTING NO._____ACCOUNT NO._____

TYPE OF ACCOUNT: CHECKING ☐ SAVINGS ☐

FOR ACCOUNT CHANGES, PLEASE ATTACH A COPY OF A VOIDED/CANCELLED CHECK OR OTHER BANK DOCUMENTATION FOR VERIFICATION.

This authority shall remain in force and effect until the New York State Department of Financial Services receives written notification from the Treasurer/Fiscal Officer of its termination. Such termination must occur on or before May 1st of any distribution year in order for such change to become effective for that distribution year.

This form must be signed by the appropriate Treasurer/Fiscal Officer as defined in New York State Insurance Law Section 9104. Fire tax funds are to be paid to the treasurer/fiscal officer of the fire department/district affording protection. If the fire department/district does not have a treasurer/fiscal officer, then the funds are to be paid to the fiscal officer of the authorities having jurisdiction and control of such fire department/district.

Print Name _____ Title_____

Signature _____ Date_____

Address _____ State _____ Zip_____

Telephone _____ E-mail _____

Questions may be referred to firetax@dfs.ny.gov.

SEND COMPLETED FORM ALONG WITH VOIDED/CANCELLED CHECK OR OTHER BANK DOCUMENTATION FOR VERIFICATION OF ACCOUNT CHANGE TO:

New York State Department of Financial Services
Office of Financial Management
One Commerce Plaza
Albany, NY 12257

FOR ACCOUNT CHANGES, FORM IS REQUIRED TO BE RETURNED BY APRIL 1 OF THE DISTRIBUTION YEAR.