

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES  
AUTHORIZATION AGREEMENT FOR REQUIRED DIRECT 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.

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 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 any change. Such changes must occur on or before June 15<sup>th</sup> of any distribution year 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 \_\_\_\_\_

**SEND COMPLETED FORM ALONG WITH VOIDED/CANCELLED CHECK FOR VERIFICATION OF ACCOUNT TO the DEPARTMENT BY:**

email at [firetax@dfs.ny.gov](mailto:firetax@dfs.ny.gov) (preferred), fax at 518-408-2659 or regular mail at: New York State Department of Financial Services, Office of Financial Management, Suite 1850 One Commerce Plaza Albany, NY 12257

**FOR ACCOUNT CHANGES, FORM IS REQUIRED TO BE RETURNED BY JUNE 15<sup>th</sup> OF THE DISTRIBUTION YEAR. FOR CHANGES AFTER JUNE 15<sup>TH</sup>, CONTACT STEVEN MCCLELLAN AT THE ABOVE EMAIL OR BY PHONE AT 518-473-7897.**