

Instructions for Bank Depository Authorization Form For Delegate Agency Contracts

General Instructions

This form is used to specify required information regarding payments from the City of Chicago to the Delegate Agency (DA) as a result of a contractual relationship. The Delegate Agency is required to specify its bank account identification.

The DA is further **required** to keep the City informed **in writing** of any changes to **the payment method selected** or to **the bank account identification**. Any such changes require written notice from the DA executive officer on DA letterhead, an updated Bank Depository Authorization form and a voided DA check as appropriate.

Note: It is the responsibility of the DA to file documents with the City Comptroller's Office in a timely manner for a change in Depository information should the Depository undergo a name change, merger, or reorganization. It is also the responsibility of the DA to file a change of Depository information should the DA undergo any change in organization. Such occurrences may result in the change of account numbers and other details necessary to avoid interruptions to the reimbursement process.

FORM HEADER

1. Please fill in the date of this form for submission.
2. Fill in the Vendor Number (numeric and alpha characters) and the Site Code in the appropriate boxes.
3. If this Bank Depository form represents no change from bank information previously submitted for this contract, then check the box captioned "NO CHANGE". If this bank information concerns a new contract or a change to previous information for an existing contract, do not check that box.

Part A: TO BE COMPLETED BY THE DELEGATE AGENCY

FMPS Coding

(FMPS refers to the City of Chicago's Financial, Management, and Procurement System)

4. Fill in the City **Contract Number** in the first box.
5. Fill in the contract **Release** number if available. A contract Release is a fiscal year or a period of time within the term of the subject contract. There could be a single year or there could be multiple years to the contract.
6. The three boxes at the top right corner of this section refer to the initial **FMPS accounting codes** from the cover page or the first boilerplate page of your contract:
 - **BFY #:** (Budget Fiscal Year) This is the first numbering block (three numeric digits) of the accounting citation.
 - **Fund #:** This is the second numbering block (four digits) of the accounting citation.
 - **Report Category #:** This is the last numbering block (six digits) of the accounting citation.

Delegate Agency Information

7. Fill in the **Name** of your Delegate Agency.
8. If there is a name or designation of your **Site** for this contract, then please enter it here. Enter a dash if there is no separate site designation.

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9. Agency **FEIN**: Enter your agency Federal identification number.
10. **Delegate Address** information: Enter your agency information.
11. **Delegate Agency Contact** information: Enter the name and telephone number of the agency contact person.
12. **Signature and Title**: Enter the name of the Executive Director or whoever is authorized to certify this information for your agency and their designated title.

Depository Information

13. Enter the **Name of the Depository** (bank).
14. Enter the **Address of the Depository** (bank).
15. Enter the **Program Bank Account information** as requested. The bank account number follows the Bank Routing Number on your bank checks.

Part B: TO BE COMPLETED BY THE DEPOSITORY

While this information seems repetitious, the City of Chicago requires this information to be certified by the Depository to assure that the DA has filed whatever documents are appropriate with the depository to accomplish the transfer of funds and any necessary corrections.

The DA should pre-enter the Account Name and the Program Bank Account Number to assist the Depository in this certification.

16. **Account Name**: Enter the name of the DA or the name of the Parent Organization.
17. **Program Bank Account Number**: This number has to agree with the numbers in Part A of this form.
18. **Insured by**: Enter the name of the agency insuring the bank account.
19. **Name of Depository**: Enter the name of the financial institution.
20. **Address of Depository**: Enter the mailing address of the financial institution. Remember that the deposits may go to a centralized address instead of the branch near the DA.
21. **Signature and Title**: **The City requires** an appropriate representative of the Depository to certify that the account information is true and that the appropriate documents are in its possession to effectuate the deposit and correction process.

***** IMPORTANT *****

Please submit the completed form to:

City of Chicago Comptroller's Office
Voucher Audit Unit
33 North LaSalle, Room 700
Chicago, Illinois 60602