

CHANGE OF PAYEE

This form must be completed by the current owner, designated payee or managing agent and should be completed to report changes to payment instructions. These changes can also be reported through our website CurRentNYC.

Today's Date:
I am the:
Current Property Owner:
Name (please print)
Current Designated Payee or Managing Agent:
Name of Company and/or Contact Person (please print)
If you are a representative of the owner completing this form on their behalf, you must also submit proof of your relationship to the owner or properties (e.g HPD registration)
Please indicate the date this change went or will go into effect:
SECTION A: PROPERTY INFORMATION. Please list all properties to which the change applies.
☐ This change applies to all of the properties for which I am currently receiving payment.
Property Addresses. If there are additional properties, please attach a full list.
1
2.
3.

CHANGE OF PAYEE (continued)

SECTION B: DESIGNATED PAYEE Who is currently receiving payments for the property or properties listed on the previous page? Please complete for the **new** payee: Designated Payee Name (please print) Designated Payee Contact (required when payee is an LLC or corporation) Payee Mailing Address Payee Email Payee Telephone Please be advised that I Owner or Owner Representative Name (please print) hereby authorize Payee Name (please print) to receive payment for the properties listed on the previous page. Signature

CHANGE OF PAYEE (continued)

SECTION C: PAYMENT METHOD AND DETAILS.

I prefer to be paid: Electronically – Register for electronic payments online through NYC DSS' website: CurrentNYC for Landlords Please note that the bank account must belong to the designated payee and a voided check or other bank document that includes the account holder's name, account number and routing number must be provided, and may be required for verification purposes. By Paper Check – Is the mailing address to which paper checks should be sent the same as the payee mailing address on the previous page? If NO, please specify the mailing address to which paper checks should be sent, if different from the previous page.

Please return the completed form:



By Mail: Office of Central Processing

PO Box 02-9121 Brooklyn GPO

Brooklyn, NY 11202-9914



By E-Mail: HPALandlordMGMT@hra.nyc.gov