



JOSH MANDEL
STATE TREASURER OF OHIO

CUSTODIAL ACCOUNT BANK ADJUSTMENT FORM

AGENCY NAME:	
CUSTODIAL ACCOUNT NAME:	
BANK NAME:	BANK ACCOUNT NUMBER:
AGENCY TRACKING NUMBER:	

ADJUSTMENT SETTLEMENT DATE AS REPORTED BY BANK	TOTAL AMOUNT FOR THE DAY

	ACH RETURNS ADJUSTMENT
	RETURNED CHECKS ADJUSTMENT
	CREDIT ADJUSTMENT
	DEBIT ADJUSTMENT

Authorized Signature:
Title:
Agency Contact Name & Phone Number:
Date Completed by Agency:

This form should be completed for the total amount of ADJUSTMENTS reported by the bank for each settlement date. Please fax this form to the Treasurer of State's Accounting Department –General Ledger Section at (614) 466-8282.