

ROBERT SPRAGUE

OHIO TREASURER

BANK ACCOUNT WORKSHEET

*Please electronically fill out and sign the form, and return to BankAccountManagement@tos.ohio.gov.

Section A (Type of Account)

New Account ⇒ Proceed to Section B

Transfer of an Existing Account ⇒ Proceed to Section C

Section B – For a New Account (Background Information)

Completed by: _____ Date: _____

Agency Requesting Account: _____

Contact Name: _____ Phone: _____

Address: _____

Email: _____ Taxpayer ID Number: _____

Financial Institution: _____ Routing Number: _____

Account Name: _____

Account Number (to be populated after assigned by bank): _____

Brief Description of Account Purpose: _____

⇒ Proceed to Section D

Section C – For a Transfer Account (Background Information)

Completed by: _____ Date: _____

Agency Requesting Account: _____

Contact Name: _____ Phone: _____

Address: _____

Email: _____ Taxpayer ID Number: _____

Financial Institution Prior to Transfer: _____

Former Account Name: _____

Former Account Number: _____ Former Routing Number: _____

New Account Number: _____ New Routing Number: _____

New Account Name: _____

New Financial Institution: _____ Effective Date of Transfer: _____

Reason for Transferring Account: _____

Legal Authority for Transferring Account: _____

Brief Description of Account Purpose: _____

Section D (Additional Information)

Who will pay fees associated with the account?

Agency 3rd Party Vendor Board of Deposit

Provide where, and to whom, the account invoicing should be sent if different from agency contact.

Name: _____ Title: _____

Address: _____

What legislation or Ohio Revised Code statute allows the agency to open or transfer this account? (NOTE: If the fee amount is \$50,000 or greater, then Controlling Board approval may be needed.)

Date the account is to become active:
(Please allow at least 5 business days after the approval date to insure that account is added to BAI2 after activation.)

Is this account to be included in a consolidated account analysis group? Yes No

Account collateralized at: Full 50%

Account on GAAP Schedule? Yes No

All accounts will be set up with the following characteristics:

- Debit Blocking
- Check Blocking
- Paperless Bank Statements to Treasurer of State Accounting

- Requires agency to notify Treasurer of State to move funds.
- Online Bank System Reporting Inquiries for Treasurer of State and agency
- Daily BAI Download (*Only for custodial accounts and ZBAs*)
- Returned Checks sent to: Agency Treasurer of State Other/Shared Services

- Deposit Tickets Needed: Yes No

The funds in the account are designated as (please check the applicable area)

Custodial Funds (ORC 113.051): Proceed to Section E

State Funds (ORC 113.05 and 135): Proceed to Section F

Section E (Custodial Funds)

Are funds to be invested? Yes No

If yes, and funds are to be invested in STAROhio, contact the Treasurer of State Investment Department at (614) 466-3511. Or, if other asset classes are to be included, a trust download will need to be arranged between the Treasurer of State Trust Department and the bank holding the account.

Select features needed for account:

- Geographic location of branches for deposits: _____
- ACH Outbound
- Outbound Wires
- Institutional Trust/Custody Services
- Agency access to online bank system
- ZBA Receipts Account – Account to transfer to: _____
- ZBA Disbursements Account – Account to transfer from: _____
- Check Writing (Need to notify Cashiers to configure in system)
- None of the above

Section F

Account will function as:

Holding Account – Treasurer of State must move funds. (Account to transfer into: _____)

ZBA – Funds automatically swept. (Account to transfer into: _____)

All accounts will automatically be set up with the following characteristics:

- Online ACH and Wires
- Online reporting inquiries sent to Treasurer of State
- Daily BAI Download

Select features needed to holding account:

Geographic location of branches for deposits: _____

Other, please describe: _____

ACH

BAI2 File Transfer to OBM/OIT

- ECAC Number (16 digits): _____
- Info on Customer's Statement (10 digits): _____
- Integration Solution Provider: _____

Remote Deposit

Geographic location of branches for deposits: _____

- Location ID: _____

Section G (On-line Bank Administrator)

Agency shall provide a list of all individuals requesting online access and levels of security on the prescribed form. Contact Eridania Rosario, Security Administrator, at (614) 387-2569 or Eridania.rosario@tos.ohio.gov to obtain the form.

Should you need someone removed or added to the list of authorized individuals, you must notify the Security Administrator within 24 hours of the change.

Section H (Liability)

By executing this Worksheet, Agency agrees to indemnify and to hold the Treasurer's office harmless and immune from and to bear all costs associated with defending any and all claims for injury or damages arising from the account access granted by this Worksheet that are attributable to Agency's own actions or omissions or those of its trustees, officers, agents, employees, subcontractors, or other third parties utilized by Agency.

Section I (Account Activation & Authorizations)

Authorized Agency Signature: _____

Name: _____ Title: _____

Date: _____

Treasurer of State Approval to Establish Account (one signatory required)

Marjorie Kruse, Deputy Treasurer: _____ Date: _____

Stacey Cumberlander: _____ Date: _____

Treasurer of State Distribution List:

Jennifer Biedenbarn
Stacey Cumberlander
Jennifer Day
Dusten Kohlhorst
Marjorie Kruse

Stephanie Motley
Michael Ringle
Lauren Roquemore
Eridania Rosario