

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: Email:______ Taxpayer ID Number: _____ Financial Institution: ______Routing Number: _____ Account Name: _____ Account Number (to be populated after assigned bybank): 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: Email:______Taxpayer ID Number:_____

Financial Institution Prior to Transfer:

Revised April 2020

Former Account Name:						
Former Account Number:		Former	Routing N	Number:		
New Account Number:		New	Routing N	lumber: _		
New Account Name:						
New Financial Institution:		Effect	ive Date o	f Transfe	r:	
Reason for Transferring Account: _						
Legal Authority for Transferring Ac	count:					
Brief Description of Account Purpo	ose:					
Section D (Additional Informati	on)					
Who will pay fees associated with	the account	?				
Agency 3 rd Party Vendor	Board of	- Deposit				
Provide where, and to whom, the	account invo	oicing should be sen	it if differe	ent from a	agency co	ntact.
Name:		Title:				
Address:						
What legislation or Ohio Revised C the fee amount is \$50,000 or great		0 ,	•			ınt? (NOTE: If
Date the account is to become acti (Please allow at least 5 business day activation.)		pproval date to insu	re that acc	count is a	dded to B <i>i</i>	Al2 after
Is this account to be included in a c	:onsolidated	d accountanalysis gr	oup?	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 totransfer 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 totransfer 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 fordeposits: • 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 A	Account (one signatory required)
Marjorie Kruse, Deputy Treasurer:	Date:
Stacey Cumberlander:	Date:

Treasurer of State Distribution List:

Jennifer Biedenharn Sheila Boehner Stacey Cumberlander Jennifer Day Katie Fuller Marjorie Kruse Mike Lenzo Stephanie Motley Aron Rogers Lauren Roquemore Eridania Rosario Monica Young