

#### 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:

Reviewed June 2023

Former Account Name:			
Former Account Number:		_Former Routing Number	:
New Account Number:		New Routing Number	:
New Account Name:			
New Financial Institution:		Effective Date of Transf	er:
Reason for Transferring Account: _			
Legal Authority for TransferringAc	count:		
Brief Description of Account Purpo	se:		
Section D (Additional Informati	on)		
Who will pay fees associated with	the account?		
Agency 3 <sup>rd</sup> Party Vendor	Board of Deposit		
Provide where, and to whom, the a	account invoicing shoul	d be sent if different from	n agency contact.
Name:	Title:		
Address:			
What legislation or Ohio Revised Cothe fee amount is \$50,000 or great			
Date the account is to become acti (Please allow at least 5 business day activation.)		e to insure that account is	added to BAI2 after
Is this account to be included in a c	onsolidated accountar	nalysis group? Yes	No
Account collateralized at:	Full Reduc	ed	
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:	)
<ul> <li>All accounts will automatically be set up with the following characteristics:</li> <li>Online ACH and Wires</li> <li>Online reporting inquiries sent to Treasurer of State</li> <li>Daily BAI Download</li> </ul>	
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	proceribod

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 <a href="mailto:Eridania.rosario@tos.ohio.gov">Eridania.rosario@tos.ohio.gov</a> 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 & Authorization	ons)
Authorized Agency Signature:	
Name:	Title:
Date:	
	Establish Account (one signatory required)
Marjorie Kruse, Deputy Treasurer:	Date:
Stacey Cumberlander:	Date:

# **Treasurer of State Distribution List:**

Harold Anderson Lindsey Cerimele Ann Clymer Stacey Cumberlander Jennifer Day Marjorie Kruse Mike Lenzo Elizabeth Meade Stephanie Motley Aron Rogers Lauren Roquemore Eridania Rosario Paul Thies