



BANK ACCOUNT WORKSHEET

Section A (Background Information)

1. Completed By: _____
2. Date: _____
3. Agency Requesting Account: _____
4. Contact Name: _____
5. Address: _____
6. Phone: _____
7. E-mail: _____
8. Taxpayer ID Number: _____
9. Financial Institution: _____
10. Routing Number: _____
11. Account Name: _____
12. Account Number (populated after assigned by bank): _____
13. Brief Description of Account Purpose: _____
14. Who will pay fees associated with the account: Agency, BOD/TOS, or 3rd Party Vendor?

15. Provide where, and to whom, the account invoicing should be sent if different from agency contact:
Name _____
Address _____
City _____ State _____ Zip Code _____
16. What legislation or Ohio Revised Code statute allows agency to open an account?
NOTE: If the fee amount is \$50,000 or over then Controlling Board approval will be needed.

17. Date account to become active: _____
(Allow at least five business days after the approval date to insure that account is added to BAI2 after activation)

18. Is this account to be included in a consolidated account analysis group? If yes, what group?

19. **All accounts will be set up with the following characteristics:**

- Debit Blocking
- Bank Statements to TOS Accounting
- Returned Checks sent to Agency/TOS (circle one)
- Online Bank System Reporting inquiries for TOS and agency
- Daily BAI Download (**Only for custodial accounts and ZBAs**)
- Deposit Tickets Needed: Yes/No (circle one)

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

- Custodial Funds (Proceed to Section B)
- State Funds

The funds in the account are administered under:

- O.R.C. 135 (Proceed to Section C-1)
- O.R.C. 113.40 (Proceed to Section C-2)

Section B (Custodial Funds)

21. Source of Legislative Authorization: _____

22. Are funds to be invested?

YES NO If Yes by Whom and how? _____

If yes, and funds are to be invested in STAROhio, contact the TOS Investment Department at 614-752-8106. Or, if other asset classes are to be included, a trust download will need to be arranged between the TOS Trust Department and the bank holding the account.

23. **Select features needed for account:**

- Geographic location of branch 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)

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

Requires agency to notify TOS to move funds.

Acronym assigned for account by cashiers _____

Section C-1 (State Funds under O.R.C.135)

25. Account will function as a

- Holding Account (TOS must move funds) (Account to transfer into : _____)
- ZBA (Funds automatically swept) (Account to transfer into : _____)

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

Online ACH and Wires, Online Reporting inquiries for TOS, Daily BAI Download

27. Select features needed for holding account:

- Geographic location of branch for deposits _____
- Other, please describe: _____

Section C-2 (State Funds under O.R.C.113.40)

28. ACH:

- o BAI2 file transfer to OBM/OIT
ECAC Number (16 digits): _____
Info on customer's statement (10 digits): _____
Integration Solution Provider: _____

29. Remote Deposit:

- o Geographic location of Bank Branch _____
Location ID _____

Section D (On-line Bank Administrator)

Agency shall provide a list of all individuals requesting on-line access and levels of security on the prescribed form. Contact Louise Dunlap – Security Administrator at (614) 466-8194 or louise.dunlap@tos.ohio.gov to obtain the form.

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

Section E (Account Activation and Authorizations)

Authorized Agency Signature _____

Name and Title (please print) _____

Date _____

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

Bill Bishilany, Deputy Treasurer _____ Date _____

Michael Fracassa _____ Date _____

TOS Distribution List:

Denise Blain
Stacey Cumberlander
Jennifer Day
Louise Dunlap
Michael Fracassa
Jennifer Biedenharn
Stephanie Motley
Katie O'Brien
Tyler Brown