



## **BANK ACCOUNT WORKSHEET**

### **Section A (Background Information)**

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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 3<sup>rd</sup> 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)**

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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)**

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**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)**

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**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)**

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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](mailto: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)**

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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