

Ohio Treasurer of State Custodial Account Withdrawal Electronic Fund Transfer

Agency Name		Transfer Date	
Destination Bank		Reference	Amount
Acct Name			
Bank Name			
ABA RT #			
Acct #			
Acct Name			
Bank Name			
ABA RT #			
Acct #			
Acct Name			
Bank Name			
ABA RT #			
Acct #			
Acct Name			
Bank Name			
ABA RT #			
Acct #			
Grand Total			
Withdraw Funds From Custodial Account		TOS Authorization	
Account Name:		Date:	
Bank Name:	Account No.		
Authorized Signature:		Completed by Signature:	
Title		Title	