

ABATE OF OHIO, INC.
REGIONAL ACCOUNT VERIFICATION

Date ____/____/____

Region _____

Region Treasurer _____ Phone ____-____-____

Email _____

Region Director _____ Phone ____-____-____

Email _____

Name of Bank _____ Toll Free ____-____-____

Contact Name _____ Branch Phone ____-____-____

Branch Address _____

City _____ State ____ Zip _____

Account Number _____

Name on Account: ABATE OF OHIO, INC.
Region _____

Mailing Address _____

City _____ State ____ Zip _____

Last Check Number Used in Previous Year _____

Previous Year Region Treasurer _____

Previous Year Region Director _____

ABATE OF OHIO, INC.

REGIONAL ACCOUNT VERIFICATION

Characteristics:

1. Category: Finance.
2. Established by: Bylaws Article VI: General Property and Finance; Section 2: Region Finance.
3. Purpose: To record and update regional account and signer information.
4. Audience: Treasurers.
5. Required? Yes, even if signers do not change.

Directions:

1. Date – date form completed in mm/dd/yy format.
2. Region – indicate region number.
3. Region Treasurer – name of Region Treasurer.
4. Phone – of Region Treasurer.
5. Email – of Region Treasurer.
6. Region Director – name of Region Director or other approved signer.
7. Phone – of Region Director or other approved signer.
8. Email – of Region Director or other approved signer.
9. Name of Bank – legal name of bank.
10. Toll Free – phone number for emergency 24-hour account access.
11. Contact Name – local / branch contact.
12. Branch Phone – local / branch phone.
13. Branch Address – street address of branch.

14. City – of street address of branch.
15. State – of street address of branch.
16. Zip – of street address of branch.
17. Account Number – as assigned by bank or member number if credit union.
18. Name on Account – indicate region number.
19. Mailing Address – on the account statement.
20. City – of account mailing address.
21. State – of account mailing address.
22. Zip – of account mailing address.
23. Last Check Number Used in Previous Year – last check number issued from regional account.
24. Previous Year Region Treasurer – name of Region Treasurer from previous year.
25. Previous Year Region Director – name of Region Director or other approved signer from previous year.

Special Cases:

1. COB, EXEC and State Treasurer are always signers on any regional account.
2. Attach signature card and copy of account identification card (ABATE does not allow use of regional credit / debit cards) if regional account is not a sub-account of the state account.

Handling:

1. Send to: State Treasurer.
2. Deadline: January BOD meeting.