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**INSTRUCTION SHEET FOR AGENCIES CONCERNING  
 REVIEWS FOR BANKING SERVICES**

**Below is a list of the OST Bank Program accounts and banks for the [Department].**

<b>Last 4 digits of Account Number</b>	<b>Bank Name</b>	<b>Account Name/Description</b>
[Insert]	[Insert]	[Insert]

**Below is a list of the non-OST Bank Program accounts and banks for the [Department].**

<b>Last 4 digits of Account Number</b>	<b>Bank Name</b>	<b>Account Name/Description</b>
[Insert]	[Insert]	[Insert]

1. Please advise OST if any additions or deletions are warranted for the accounts listed above.
2. For any OST Bank Program account, OST has completed a "Bank Services Schedule" which reflect all services currently in use by your agency. These services will be used to project future banking costs. Please advise OST if your agency will require materially different banking services in the coming year.
3. For any non-OST Bank Program account, please complete or ask your current bank to complete the enclosed blank "Bank Services Schedule" and send it to [OSTBanking@treasury.ga.gov](mailto:OSTBanking@treasury.ga.gov) by **5:00 p.m., [Date]**. A Bank Services Schedule completed by you or your current bank should include all banking services currently in use by your agency.
4. Please advise OST:
  - a. For any non-OST Bank Program accounts, whether you would like to include your current bank on the list from which OST will solicit bids for your agency.
  - b. Whether there are any geographic limitations which should be recognized when performing bank evaluations.

Please complete the tasks listed above by **[Date]**.

If you have any questions, please contact Dale Brantley by phone at (404) 232-1220 or by email at [OSTBanking@treasury.ga.gov](mailto:OSTBanking@treasury.ga.gov).