

		ROUTING			
TITLE:	Banking Policies	Educational Service Center Administrator			
NUMBER:	BUL-6310.0	of Operations Cafeteria Managers			
NUMBER.	DOL 0510.0	Educational Service Center Directors			
ISSUER:	V. Luis Buendia, Controller Accounting and Disbursements Division	Early Childhood Central Office Fiscal Staff Fiscal Services Managers			
DATE:	July 1, 2014	Fiscal Specialists Principals School Administrative Assistants			
PURPOSE:	The purpose of this bulletin is to provide information and guidance on the establishment	Financial Managers Office Administrators			
	and maintenance of Bank of America checking accounts.				

GUIDELINES: Administrators responsible for District related bank accounts should be guided as follows:

I. Policy

The District has implemented this bank policy to facilitate the maintenance of bank accounts in a manner that promotes convenience, cost effectiveness, and internal controls. It is expected that account holders will manage their accounts in a responsible manner that minimizes the cost to the District.

As custodian of the account, the account holder has the fiduciary responsibility of ensuring that expenditures charged to the account are in compliance with District policies and regulations. The stewardship and responsibility over the account cannot be delegated and remains at all times with the account holder.

Imprest and Associated Student Body (ASB) accounts are to be used only for their intended purposes and the funds must not be co-mingled with personal monies, school donations, or any other unrelated funds.

The account holder must ensure that the account balance is monitored. The balance must be verified before issuing any checks to ensure that the bank account has a sufficient balance to cover the check amount.

- II. Establishing an Account
 - a. New bank accounts must be opened with Bank of America.
 - b. When opening a new account, please call the Treasury Section of the Revenue Accounting Branch at (213) 241-3145 for assistance in establishing the account.



III. Not Sufficient Funds (NSF) Checks

Accounts with Bank of America have previously been set up to have all checks written on the account honored, regardless of whether there were sufficient funds in the account. This would result in an Overdrawn Account Fee which would continue as long as the account's balance was negative.

Due to certain accounts remaining negative for more than 30 days at a time, the policy is being changed to have the bank dishonor and return any NSF checks unpaid. Not only will this result in the recipient going unpaid, there is an NSF Check fee which will be assessed against your budget or account. This makes it imperative that you check the balance in your account before writing a check.

IV. Bank Charges

Generally the banking fees associated with ASB and imprest accounts setup under the District's primary account with Bank of America are covered by the District's General Fund. However, in order to encourage responsible account maintenance, the following charges will be assessed directly to account holders:

Fee	Current Charge	
Overdrawn Account	\$4.59/day	
NSF Check	\$35.00/check	
Stop Payment	\$6 - 22/check	

The actual charge to the account holder will be the amount charged by the bank and is subject to change without prior notification to individual account holders.

Costs incurred by imprest accounts for the above mentioned activities will be charged to the specific school's unrestricted General Fund supply account. These charges will appear as journal voucher adjustments done on a monthly basis.

Cost incurred by ASB accounts will be billed to the school and must be paid from the ASB funds. If the bills are not timely paid, they will be deducted via Automated Clearinghouse (ACH)/Electronic Funds Transfer (EFT), along with the bank charge for doing the transaction.

V. Reconciliation

In order to ensure that check registers are accurate, fraudulent activity is minimized, and to maintain important internal controls, bank accounts must be reconciled on a monthly basis and signed by the account holder.



VI. Records

All records related to the account must be available at the school or office for audit. For records retention, please see Office of the Superintendent's Bulletin No. 5503.1, "Records Retention and Destruction," dated July 1, 2012.

VII. Fraudulent Activity

When account holders become aware of fraudulent activities in the bank account, the following steps should be taken immediately:

- a. Call Bank of America
- b. File a police report
- c. Notify the Treasury Section of the Revenue Accounting Branch
- VIII. New or Deleted Signatories

Whenever an account holder or other signatory changes, please contact the Treasury Section at (213) 241-3145 to update the signature card and other relevant information. A sample of the signature card is attached.

Please see REF-1706.3, "Imprest Funds", for important information on transferring imprest accounts to new administators.

RELATED RESOURCES:

- Reference Guide 1706.3, "Imprest Funds", Accounting and Disbursements Division, August 1, 2013
- Publication 464, "Student Body Policies and Accounting Procedures -Elementary Schools", Student Body Finance Section, February 2009
- Publication 465, "Student Body Policies and Accounting Procedures Secondary Schools", Student Body Finance Section, January 2009
- Publication 469, "Student Body Finance Policies" for DACE schools, Student Body Finance Section, April 2008
- Bulletin 5503.1, "Records Retention and Destruction", Office of the Superintendent, July 2012
- **ASSISTANCE:** Please contact the Treasury Section at (213) 241-3145 if you have questions regarding your bank account.



ATTACHMENT A

Bankof America 🧇 Merrill Lynch	Deposit Account Documentation			
				Signature Card
CLIENT INFORMATION	I The date of date	Delete) Signers	D Summanda Fu	isting Signature Card
Select One: New Account		velete) signers	I D Superseue La	ising agratule card
Account # (If new account, Bank will complete)		ana ana Inggan Kana da	Canada para 1	
ORGANIZATION LEGAL NAME (Must match is	egal name indicated ill co	inpany termation de	cumantai	
DBA NAME of OWNER BUSINESS NAME OF	DISREGARDED ENTITY	or THIRD PARTY	FUNDS OWNER NAM	E, if applicable
DESCRIPTIVE ACCOUNT TITLE (if applicable,	e.g. Operating Account, I	Rent Account etc. C	annot be another legal	entity name.)
Address For Statement:				and a second
City:	State	Po	stal Code:	
STATE OF FORMATION (You may be required to)				
TYPE OF BUSINESS (Select One:			i waraat hallar /:	
Corporation		Sole	Proprietorship	
Limited Liability Company:				
Manager Managed Meinber K	Aanaged 🔲 Sole Me	ennder	corporated Organizat	ion or Association
General Partnership			t Venture	
 Limited Liability Partnership 				ency (Type:)
 Limited Partnership Note: Property management accounts must be a 	coordinate of by anaroph		t inductifies of prosts	ty management account supplement
TAX CLASSIFICATION	soon parios by sporaph	allo omnar ann agun		ry me agement account approvert
Employer Identification Number:	-			Exempt Payee
egal name of the owner of the E.I.N list	ed above:			
Federal Tax Classification: 🗌 Indiv SP	C Corp S Corp	P 100 (P	🔜 Trusli 🛛 atale 🗔 Ot	her:
LLC Tax Classification (ONLY for Limits	d Liability Company	K C Cor		artnorship
AGREEMENT, TAX INFORMATION CERT				
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By signing below, you authorize each person who card new or in the future. The authority to operate extrantic signature, electronic record or other elect socurit, and, to transact other administrative busin closing the account. If you wish to restrict a desig may rely on this subtorization for any account op haritan the socurit, and we have a reason able in	te an account incluies: Ironic form, to withdra sign ness, incluies og by electroni nated a Garda dogrify to ened un an this	a signature, electron geok signing you m	and other items and to aposit checks and other ite c record or other electron ust indicate that by check	iny account opened under this signature give us offner instructions, including to sms payable to or beiong ng to you to thi com, relating to the sociant, includin ing the box to the laft of their name. W the authorization at the office where w
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By signing below, this organization nereby agrees to For CA Public Funds only. Any person signing thi esolution/contract for deposit of moneys or existing	s Agreement for the Organ	ization certifies that the	hey are duly authorized to	
The IRS does not require your consent to any				d to avoid backup withholding
Authorized Sign	er Signature:			-
Must match Banking Resolution & Certificate of				
Print Name:	Print	Title:		Date:
Authorized Sign				
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