

BANK STATEMENT APPLICATION

DATE OF APPLICATION: _____

EMBASSY: _____

IF OTHER: (Name of Instution & full address) _____

TYPE OF ACCOUNT (S): _____

ACCOUNT (S)#: _____

ACCOUNT HOLDER (S): _____

ADDRESS ON ACCOUNT (S): _____

Customer Signature: _____

Contact # _____

For Bank Use Only:

DATE OPENED: _____

INITIAL DEPOSIT: _____

SIX-MONTH AVG. BALANCE: _____

INTEREST RATE: _____

BALANCE AS OF: _____

BANK STATEMENT #: _____

INFORMATION VERIFIED BY: _____

APPROVED BY: _____