



**TO BE COMPLETED BY DEPOSITORY:**

Type of Account / Account Number / Current Balance / Average Bal.  
Prev. two Mo.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Opened \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Opened \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Opened \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Opened \_\_\_\_\_

Please include any additional information which may be of assistance in determination of credit worthiness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Depository  
Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date