



BANK ACCOUNT VERIFICATION FORM
for Direct Deposit of Scholarship Funds

To Whom It May Concern:

This is to certify that _____ (Account Holder) maintains the following checking account with _____ (Financial Institution).

Financial Institution Name (Bank, Credit Union, etc.): _____

Address: _____

City: _____ State: _____ Zip Code: _____

ABA Routing Number: _____

Checking Account Number: _____

☐ I certify that this account belongs to the aforementioned account holder and is currently active and in good-standing.

Institution Official's Printed Name

Title

Institution Official's Signature

Date

The financial institution must stamp this section
to verify the information on this page:

