



# BANK ACCOUNT VERIFICATION REQUEST

Date: \_\_\_\_\_

RE: Name: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

## Section I: AGENCY REQUEST

The above named individual has applied for assistance from the State of Florida. In order to determine eligibility, the department must have verification of all income and resources.

Please complete Section II. Attached is a signed authorization for the release of this information. In order to establish the individual's eligibility as quickly as possible, we are requesting your response by \_\_\_\_\_ (10 days). Enclosed is an envelope for mailing the completed form to us.

Thank you very much for your prompt attention.

Sincerely,

RESPOND TO:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

## Section II: RESPONSE

	Account Number	Account Number	Account Number
1. Type of Account .....			
2. Closing Balance as of ____/____/____ .....	\$	\$	\$
3. Closing Balance as of ____/____/____ .....	\$	\$	\$
4. Closing Balance as of ____/____/____ .....	\$	\$	\$
5. Amount and date of interest paid.....	\$ / /	\$ / /	\$ / /
6. Amount and date of interest paid.....	\$ / /	\$ / /	\$ / /
7. Amount and date of interest paid.....	\$ / /	\$ / /	\$ / /
8. Date Closed (if applicable) .....			

9. Is "Early Direct Deposit" included in balance given? ☐ Yes ☐ No If "yes," give amount of deposit: \$ \_\_\_\_\_

10. Do you have any other accounts under this individual's name? ☐ Yes ☐ No If "yes," please give information as requested above.

11. All names listed on account (respectively): \_\_\_\_\_

Signature/Title of Financial Institution's Representative	Date Signed	Representative's Telephone Number
_____	_____	_____