

Bank Affidavit Form for the Border County Program

Student's Name: _____

UTSA ID#: @ _____

Account Holder: Please sign below to authorize the release of your information from the bank. Then take this form to the bank to complete.

Account Holder authorization for release of information

Print Name: _____

Signature: _____

Name of Bank: _____

Regarding account of: _____
(Name of account holder)

Type of account: _____ Account number: _____

Account balance (amount of funds in the account): _____ Currency: _____

Are funds available to be withdrawn at any time? Yes No

If no, when may the funds be withdrawn? _____

Are these funds subject to market fluctuation? Yes No

Name of bank employee: _____ Title: _____

Signature of bank employee: _____

Date: _____ Official Bank Seal: _____