Consent to Verify the Availability of Funds

Applicant Name: Alhambra Preparatory Academy

Financial Institution: _____ Branch: _____

Financial Institution Contact Name (Account Manager):_____

Address: _____

Phone Number_____Email: _____

Account Holder Type: ____Individual ____Joint ____Organization

Account Holder Name(s):_____

_____

If organizational account: name, position, and contact number of authorized signer:

Account Type:_____Checking ____Savings ____Other (description):_____

Last four numbers of account #:_____Minimum Funds Available for Start-Up: $ _____

By signing below, the Account Holder verifies that the funds identified above are available on the date of signing, and authorizes staff of the Arizona State Board of Charter Schools to verify with the financial institution that the Minimum Funds Available for Start-Up listed above are available immediately prior to the Board's consideration of the new charter application package submitted by the Applicant.

_____ _____

Printed name of Account Holder or Authorized Signer Account Holder/Authorized Signature Date

_____ _____

Printed name of second Account Holder (joint account) Account Holder Signature Date

By signing below, the Account Manager verifies:

1. *that the funds identified above are available on the date of signing, and*
2. *that presentation of this form, signed by the Account Holder, will be sufficient documentation for future verification of the same amount when requested by staff of the Arizona State Board of Charter Schools, which will occur prior to March 1, 2014.*

_____ _____

Printed name of Account Manager Account Manager Signature Date

*See award letter from Mark Francis date January 28, 2013
Entity Number 91935
CTDS Number 078219000

This form may be duplicated as necessary.

APPROVED 03/11/2013