

Verifiable Proof of Secured Funds

Applicant Name: \_\_\_\_\_

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 the Board meeting when this application will be considered.*

\_\_\_\_\_  
Printed name of Account Manager

\_\_\_\_\_  
Account Manager Signature      Date

This form may be duplicated as necessary