

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