

**ARIZONA STATE BOARD FOR CHARTER SCHOOLS**

1700 W. Washington Street, Room 164

Phoenix, AZ 85007

(602) 364-3080

**Verifiable Proof of Secured Funds**

Applicant Name:

\_\_\_\_\_

*This form is to be completed and signed by the financial institution the applicant is using for start-up funds. One signed original form is required for each individual contributing to the start-up funds for the above named applicant. This form may be copied as necessary.*

**Verify the availability of funds in the following account:**

Financial Institution: \_\_\_\_\_ Branch:

\_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ Other

(Name): \_\_\_\_\_

Last four numbers of account #: \_\_\_\_\_ Min. Funds Available: \$

\_\_\_\_\_

Financial Institution Contact Name (Account  
Manager): \_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email:

\_\_\_\_\_

\_\_\_\_\_

Printed name of account holder

Account holder signature

Date

\_\_\_\_\_

Printed name of account manager

Account manager signature

Date

**Upload the completed form to your application package.**

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