



SANTA ANA COLLEGE

Bank Certification

To the Applicant, Parent or Sponsor: Present this to your bank.

Student Name: _____
Last _____ First _____ Middle _____

TO BE COMPLETED BY BANK OR OTHER FINANCIAL AGENCY OFFICIALS AND MUST HAVE A BANK SEAL OR STAMP

We hereby certify the following information regarding the account held by

(Name of Account Holder)

Date Account Opened _____

Total Deposits for Past Year U.S. \$ _____

Present Balance U.S. \$ _____

Name of Bank or Agency _____

Address _____

Official's Signature _____

Title _____

Date _____