



# 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 \_\_\_\_\_