

BANK ACCOUNT VERIFICATION FORM

Client Name: _____

Account/Policy Number: _____

To Whom It May Concern:

This is to certify that _____,
(Account Holder)
maintains the following account with our banking institution:

Financial Institution _____

Address _____

City _____ **Province** _____

Postal Code _____ **Phone Number** _____

Bank Number: _____ **Transit Number** _____

Account Number _____ **Currency** _____

Name of Institutional Official

Title

Signature of Institutional Official

Date

Place official bank seal in the area provided below

Bank Seal



Date
