

Date: \_\_\_\_\_

To: **Whom it May Concern**

Re: **Deposit Account Confirmation**

Please accept this document as confirmation that the client(s) named below holds a deposit account with our financial institution the particulars of which are also provided below.

Client Information																						
<b>PRIMARY ACCOUNT HOLDER</b>																						
Title:	First Name:	Middle Initial:	Last Name:																			
Residential Address:																						
<b>JOINT ACCOUNT HOLDER (IF APPLICABLE)</b>																						
Title:	First Name:	Middle Initial:	Last Name:																			
Residential Address: <input type="checkbox"/> same as above																						
Account Information																						
Name of Financial Institution:																						
Address of Branch of Account:																						
Transit Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (5 digits)						Institution Number: <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> (3 digits)				Account Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (maximum 12 digits)												
Affix Branch Stamp here (confirming the transit and institution number identified above).																						
Branch Contact Information																						
Name:		Telephone Number:																				