

TO BE COMPLETED BY DEPOSITORY:

Type of Account / Account Number / Current Balance / Average Bal.
Prev. two Mo.

_____ / _____ / _____ / _____

Date Opened _____

_____ / _____ / _____ / _____

Date Opened _____

_____ / _____ / _____ / _____

Date Opened _____

_____ / _____ / _____ / _____

Date Opened _____

Please include any additional information which may be of assistance in determination of credit worthiness:

Signature of Depository
Representative

Title

Date