



District Name: _____ District #: _____

City: _____ State: _____

Checking Account *(Attach voided check from District checking account):*

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Savings Account:

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Certificate of Deposit:

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

FCSU Deposit Agreement:

Account Number: _____

Balance as of Meeting Date: _____

Signature of District Financial Officer