

Bank/Financial Institution Verification Form

Section A: Must be complete by student and/or sponsor	
<i>Fill in your legal name below as it appears on your passport</i>	
Student Name (Last, First, Middle Initial):	
I, the account's holder, _____ (Name of student/sponsor), authorize you to release the following request information concerning my bank account to Westcliff University.	
Account holder's signature:	Date:
Section B: Must be complete by bank/financial institution representative	
Bank/Financial Institution Name:	
Bank/Financial Institution Address:	
Routing Number:	Account Number:
Certified finances in USD (\$):	
\$	
Bank/Financial Institution Representative Signature:	Phone Number:
	ext:
Bank/Financial Institution Representative Name:	Date:
Bank/Financial Institution seal or stamp must be placed in this section to verify the information on this page:	