

學大藥醫化文國中洲美



ACADEMY OF CHINESE CULTURE & HEALTH SCIENCES

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ACCCHS Bank Certification for I-20 Application

To the Applicant, parent, or Sponsor: Please present this to your bank.

TO BE COMPLETED BY BANK OR OTHER FINANCIAL AGENCY OFFICIALS.

We hereby certify the following information regarding the account held by

Note: If the above named is not the F-1 (I-20) student applicant, the bearer of the account must evidence signed willingness/consent to release funds to the student applicant for a period of one year.

Date account opened _____

Total deposits for past year US \$ _____

Present balance in US \$ _____

Name of bank or agency _____

Official's signature _____ Title _____

Address _____

Date _____

Form must be stamped and sealed by bank or agency official.

Comments _____
