

BANK and INVESTMENT INQUIRY



Medina County Veterans Service Commission
 210 Northland Drive - Medina, Ohio 44256
 Phone: (330) 722-9368 - FAX: (330) 722-9378



Date: _____

Veterans Name	SSN	
Spouses Name	SSN	
Address	Home Phone	
	Cell Phone	

To whom it may concern, _____ has applied to our agency for financial assistance. We will need the following information from your bank/financial institution so that we may complete their application

Checking Account Veteran

Account # _____	Date Opened _____
Current Balance _____	Date Last Transaction _____
Amount Last Transaction _____	Date Closed _____

Checking Account Veteran

Account # _____	Date Opened _____
Current Balance _____	Date Last Transaction _____
Amount Last Transaction _____	Date Closed _____

Checking Account Spouse or Joint

Account # _____	Date Opened _____
Current Balance _____	Date Last Transaction _____
Amount Last Transaction _____	Date Closed _____

Checking Account Spouse or Joint

Account # _____	Date Opened _____
Current Balance _____	Date Last Transaction _____
Amount Last Transaction _____	Date Closed _____

Comments _____ Bank Stamp and Date

Authorization for Release of Information

I, _____ hereby authorize _____, to give the Medina County Veterans Service Office complete information regarding any resources which I have under my name (maiden or other) or my spouse at your banking/financial institution. If I have accounts, other than those listed above, please release that information to this agency also.

Print Name _____ Signature _____ Date: _____

Print Name _____ Signature _____ VS Form AS-05; January 4, 2020