



Date/Fecha

Eligibility Specialist/Especialista de Elegibilidad

Office Address and Telephone No./Oficina y Teléfono

(Bank Name and Address)

Request for Verification of Bank Accounts

This depositor is being considered for medical assistance. A signed authorization to release information is enclosed.

Name of Depositor Account No.

Comments:

Area Code and Telephone No.

Signature—HHSC Worker Date

Please provide the requested information, as well as information about any additional accounts to which the individual has access, such as IRAs, CDs and safety deposit boxes.

Provide All Balances as of Close of Business on the Following Dates:

To be Completed by Bank Representative:

Name of Depositor Account No.

Account Number	Type of Account	Authorized Signatures	Balance as of (date)	Interest Paid		
				Amount	Date Posted	How Often Posted?

Have any accounts been closed? Yes No If yes, complete the following:

Account Number(s):
Closing Date:
Closing Balance: \$ \$ \$ \$

Area Code and Telephone No.

Signature—Bank Representative Date