



# Certificate of Deposit

ACCOUNT BALANCE	DATE
\$ _____	_____

This certificate evidences that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, trust account No. \_\_\_\_\_ was open at this bank, located at \_\_\_\_\_.

The name of the account is \_\_\_\_\_

This certificate evidences a balance in the account as of this day in the amount shown above. Funds cannot be withdrawn from this account without certification to the Secretary of State of the State of New York.

Bank: \_\_\_\_\_

By: \_\_\_\_\_  
Cashier

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public