

**No Bank Account Verification**

Date: \_\_\_\_\_

Patient Name \_\_\_\_\_ SS# \_\_\_\_\_

I/We, \_\_\_\_\_ herby certify that I/we do not have  
(Please print)

any bank accounts (i.e., checking, savings, CD, etc).

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Agency Rep Signature

\_\_\_\_\_  
Date