# *Certificate of Deposit*

NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
P.O. Box 22001
ALBANY, NY 12201-2001

Customer Service: (518) 474-4429
Fax: (518) 473-6648
www.dos.state.ny.us

Date _____ Account Balance $ _____

This certificate evidences that on the_____ day of_____ , 20_____ , an account No. _____ was opened with the _____ located at _____ . The name on 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 Funds cannot be withdrawn from this account without the certification of the Secretary of State of the State of New York.

Bank _____

by _____
*Cashier*

Sworn to before me this _____ day of _____ , 20 _____

_____
*Notary Public*