

Border County Program (BCP) Bank Affidavit Form

How to Submit Form: Submit completed form through the [Document Uploader](#) for processing.
• **Fields to select on the Document Uploader:** Department: Registrar; Term: Select Applicable Term; Category: Border County Program; Document: Bank Affidavit Form

ACCOUNT AUTHORIZATION

Account Holder: Please sign below to authorize the release of your information from the bank. Then take this form to the bank to complete.

Account Holder Authorization for Release of Information:

Account Holder Name (Printed): _____

Account Holder Signature: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____

Regarding Account of: _____
(Name of Account Holder)

Type of Account: _____ Account Number: _____

Account Balance (amount of funds in the account): _____ Currency: _____

Are funds available to be withdrawn at any time? Yes No If no, when may the funds be withdrawn? _____

Are these funds subject to market fluctuation? Yes No

BANK EMPLOYEE

Bank Employee Name (Printed): _____

Bank Employee Title: _____

Bank Employee Signature: _____ Date: _____

Official Bank Seal:

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32.

UTSA OFFICE USE ONLY: