## **BANK ACCOUNT REPORTING FORM**

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_

Depository Institution	Account Description (i.e. payroll, general, etc.)	Account No.	Date Account Opened/Closed
Name:			1
Address:			
Phone:			
Name:			
Address:			
Phone:			<del> </del>
Name:			
Address:			
Phone:			
Name:			1
Address:			
I/we certify that the above i	s a complete report of all bank accou		-
I/we certify that the above in as of the date of the filing of the submission of the initial if we cerify that all above lise filing of this chapter 11 pet in addition, I/we hereby autobtain any information from the inited to, bank statem documentation for all accounts in the content in the	If the debtor's petition, or where apple I form.  ted depository institutions have been ition.  horize any accredited representative in the above listed financial institution ents, signature cards, canceled check unts listed hereon.  ARES UNDER PENALTY OF PERJUR	icable, opened or on the date of the United State of the United State of the Correspondence of the Corresponde	closed by debtor after te and place of the es Trustees Office to on may include, but is se and other
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(A copy of this form must be signed by all persons who are authorized signatories on the accounts listed above.)