

RELEASE OF INFORMATION - FINANCIAL INSTITUTION

透露資訊授權書 - 金融機構

Enter name and address of institution

填入機構名稱及地址

COUNTY USE ONLY

郡政府專用

WORKER NAME

CASE NAME

CASE NUMBER

DATE

You and any member of your household for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) is used to determine your eligibility, and failure to cooperate may result in denial or discontinuance of aid. Authority: 45 Code of Federal Regulations Section 205.52, and Welfare and Institutions Code Section 11286(a).

你和你家中申請補助的任何成員都必須提供給我們社會安全號碼 (SSN)。SSN是用來決定你是否合格，不合作會導致補助被拒絕或停止。權威根據：聯邦管制45法規第205.52條，及福利與慈善法規第11286(a)條。

I authorize you to release to _____ County information on the account(s) below and other information required for the purpose of determining my eligibility for public assistance. I understand I have the right to stop this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is valid for 60 days from date signed.

我授權給你將下列帳戶的資訊以及為決定我是否合格得到民眾協助而需要的其他資料透露給_____郡政府。我了解我有權在任何時候終止此項授權，但不合作會影響我是否合格。這項授權在從簽署日期起60天內為有效期。

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT
申請人 / 領取人簽名 (或作記號)DATE
日期SIGNATURE (OR MARK) OF SPOUSE
配偶簽名 (或作記號)DATE
日期SIGNATURE (OR MARK) OF JOINT PERSON
聯名申請人簽名 (或作記號)DATE
日期SIGNATURE OF WITNESS TO MARK(S)
作記號證人簽名DATE
日期

APPLICANT OR RECIPIENT:

Complete the information below for each account. Accounts include checking, savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify).

申請人或領取人：

在下面為每一個帳戶填寫資料。帳戶包括：支票，儲蓄，信用公會，信託基金，股票，債券，存款證明，其他（請解說）。

FINANCIAL INSTITUTION:

Complete items (1B), (2B) and (3), and provide remarks as needed.

金融機構：

填寫 (1B), (2B) 以及 (3)，並在有必需之處提供備註。

APPLICANT/RECIPIENT: COMPLETE THIS SECTION

申請人 / 領取人：填寫此欄

		INFORMATION ITEMS 資訊項目	AMOUNT 金額	DATE 日期
(1A)	TYPE OF ACCOUNT 那一種帳戶	ACCOUNT NUMBER 帳戶號碼		
	NAME ON ACCOUNT (PRINT) 帳戶姓名（正楷書寫）	SOCIAL SECURITY NUMBER 社會安全號碼		
	ADDRESS (PRINT) NUMBER, STREET 地址（正楷書寫）號碼，街道	CITY, STATE, ZIP CODE 城市，州，郵遞區號		
	ACCOUNT IS JOINT WITH (PRINT) 帳戶與誰合開（正楷書寫）	SOCIAL SECURITY NUMBER 社會安全號碼		
	ADDRESS (PRINT) NUMBER, STREET 地址（正楷書寫）號碼，街道	CITY, STATE, ZIP CODE 城市，州，郵遞區號		

(1B) Balance as of (Date): (在此日期時) 結存：	\$	
Present Balance 現有結存	\$	
Largest Deposit (other than opening) 最大一筆存款（開戶存款除外）	\$	
Largest Withdrawal (within past 2 years) 最大一筆提款（過去這兩年之內）	\$	
If closed within past 2 years, final withdrawal amount. 假如這帳戶在過去這兩年結束的話，最後結帳提款金額。	\$	

RELEASE OF INFORMATION - FINANCIAL INSTITUTION (Continued)

透露資訊授權書 - 金融機構（續）

APPLICANT/RECIPIENT: COMPLETE THIS SECTION 申請人 / 領取人：填寫此欄		INFORMATION ITEMS 資訊項目	AMOUNT 金額	DATE 日期	
2A TYPE OF ACCOUNT 那一種帳戶	ACCOUNT NUMBER 帳戶號碼	2B Balance as of (Date): (在此日期時) 結存：	\$		
NAME ON ACCOUNT (PRINT) 帳戶姓名（正楷書寫）	SOCIAL SECURITY NUMBER 社會安全號碼	Present Balance 現有結存	\$		
ADDRESS (PRINT) NUMBER, STREET 地址（正楷書寫）號碼，街道	CITY, STATE, ZIP CODE 城市，州，郵遞區號	Largest Deposit (other than opening) 最大一筆存款（開戶存款除外）	\$		
ACCOUNT IS JOINT WITH (PRINT) 帳戶與誰合開（正楷書寫）	SOCIAL SECURITY NUMBER 社會安全號碼	Largest Withdrawal (within past 2 years) 最大一筆提款（過去這兩年之內）	\$		
ADDRESS (PRINT) NUMBER, STREET 地址（正楷書寫）號碼，街道	CITY, STATE, ZIP CODE 城市，州，郵遞區號	If closed within past 2 years, final withdrawal amount. 假如這帳戶在過去這兩年結束的話，最後結帳提款金額。	\$		
3 FINANCIAL INSTITUTION REMARKS: 金融機構備註：		FINANCIAL INSTITUTION COMPLETE: 由金融機構填寫：			
		Does this person have a safety deposit box? 這位人士是否有保險存放箱？		☐ YES 是	☐ NO 否
		Are any funds pledged against a loan? 是否有任何款項是一筆貸款的擔保？		☐ YES 是	☐ NO 否
		Were any accounts held under a different name and/or number within the past 2 years? 是否有任何帳戶在過去這兩年是在別的名下和 / 或另一個帳戶號碼之下嗎？		☐ YES 是	☐ NO 否
SIGNATURE OF PERSON PROVIDING INFORMATION (FINANCIAL INSTITUTION) 提供資料者簽名（金融機構）		DATE 日期	TELEPHONE NUMBER 電話號碼 ()		