

Bank Name

(On Bank Letterhead)

(Date)

Ouachita Baptist University
OBU 410 Ouachita Street
Arkadelphia, AR 71998-0001

To Whom It May Concern:

This is to verify that _____ (Name) has an account with _____
(Bank Name) with a current balance of at least _____ (\$XX,XXX is the minimum amount that is
needed for admission to Ouachita).

(Bank Authority's Signature)

(Signature of owner of account)

(Printed Name of Bank Authority)
Title of Bank Authority
Bank Name
Bank Address
City, State or Province, Zip Code
Country

(Printed Name of above person)