

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

NOW COMES \_\_\_\_\_  
[authorized representative of financial institution]

of \_\_\_\_\_, located at \_\_\_\_\_,  
[financial institution]

(hereinafter referred to as “Financial Institution”) and certifies that the Financial Institution is a state or federal savings and loan association, state bank, or national bank doing business in North Carolina, and its accounts are insured by a federal depositor’s corporation, and pursuant to N.C.

Gen. Stat. § 88B-17(c)(2), states that on \_\_\_\_\_, \_\_\_\_\_  
[date] [applicant]

opened a Savings Account, Account No. \_\_\_\_\_ (hereinafter referred to as “the

Savings Account”) at this Financial Institution in the amount of \$\_\_\_\_\_ on behalf of

\_\_\_\_\_ with the North Carolina State Board  
[school]

of Cosmetic Art Examiners named as the beneficiary. The Savings Account specified herein

will not be closed, nor will any funds be released from the Savings Account, unless thirty (30)

days prior notification is given by the Financial Institution to the Executive Director of the North

Carolina State Board of Cosmetic Art Examiners, 121 Edinburgh South Drive Suite 209 Cary, NC 27511, via certified mail, return receipt requested.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Print: \_\_\_\_\_  
Title: \_\_\_\_\_

*Pursuant to N.C. Gen. Stat. §88B-17(c), this document must be filed with the Clerk of Court in the County in which the school is located.*