



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
Alternative Account Verification

FSD OFFICE	PHONE NUMBER - -	DATE
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You may complete all gray areas of the form using information from your online account. When you are finished, an FSD team member will review the online information from your account and certify the information on the form.

YOUR NAME	DCN or SSN	WHO OWNS THIS ACCOUNT?	ACCOUNT NUMBER	LIST THE NAME OF THE BANK	
WHAT KIND OF ACCOUNT IS THIS? <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER		WHAT IS THE CURRENT BALANCE ON THE STATEMENT? \$	DATE	WHAT IS THE LOWEST BALANCE ON THE STATEMENT? \$	DATE
DOES YOUR INCOME DEPOSIT INTO THIS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE DOES THE INCOME COME FROM? (SOCIAL SECURITY, VA, WAGES, ETC.)		HOW OFTEN IS THIS INCOME DEPOSITED? (WEEKLY, EVERY OTHER WEEK, MONTHLY, ETC.)	

What else do you want Family Support Division to know about this account?

Office Use Only-Use this space to include information about additional owners, prior quarter balances, interest deposits, other deposits of monthly income, etc.

I CERTIFY I HAVE VIEWED THE ABOVE ACCOUNT INFORMATION WITH THE BELOW SIGNED PARTICIPANT AND ALL INFORMATION IS TRUE AND CORRECT

STAFF NAME	STAFF SIGNATURE AND DATE
PRINT OR TYPE YOUR NAME	SIGNATURE AND DATE