NSS Annual Assembly/Region Bank Account Report Year Ending December 31, 2023 Note that this form to be used by both the Assemblies and Regions



Date Submitted	Assembly/Region			
In compliance with the insurance are kept in the name of the Asser institutions:				
CHECKING ACCOUNT:				
Name of Bank				
Address				
Account #				
Name on the Account				
Signatures For Withdrawals				
Please check here if bar	nk charges are prohibiting the As	sembly/Region from ope	ening an	
SAVINGS ACCOUNT:				
Name on the Account				
Signatures For Withdrawals				<u> </u>
PROPERTY: (If your Assembly/Region of Location, type of Property, Owned/Rented,			g as much detail as possible such as	
OTHER FUND TYPES HELD: (If owned)	ed, please provide \$ value of fund ty	pe below and list where the	ey are held on the reverse side)	
Certificates of Deposit	Stocks	Bonds	Mutual Funds	
Completed By	Title	Em	ail	
This	form must be returned to the	Home Office Before M	arch 1st	
National Slovak Society of the USA 1301 Ashwood Drive, Canonsburg, PA 15317 Phone (724) 731-0094 Fax (724) 731-0145				
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