



## *Alameda County CAN certifies that*

\_\_\_\_\_  
(Client/Customer)

is working with a financial educator or counselor at

\_\_\_\_\_  
(Alameda County CAN Member Agency)

and together they have determined on \_\_\_\_\_ that the  
(Date)

\_\_\_\_\_ at \_\_\_\_\_ is the best suited  
(Product) (Institution)

product for this client/customer's financial wellbeing. Together with your institution, they will work to ensure a successful experience with the product. *If the financial institution is unable to provide this product for any reason, we ask that you refer the customer/client back to Alameda County CAN.*

\_\_\_\_\_  
Customer/Client Signature

\_\_\_\_\_  
Financial Educator/Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number