



DEPOSIT SLIP/TRANSFER

Name: _____ Date: _____

If you would like to have this deposit credited to more

		S/L	AMOUNT
Account No.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Account No.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Account No.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Funds from deposit may not be available for immediate withdrawal. Endorse each check as issued.

TOTAL _____

CASH		
CHECKS BY		
BANK NO.		
SUB TOTAL		
LESS CASH		
TOTAL		
DEPOSIT		

Transfer
\$ _____

FROM ACCOUNT NO. S/L

Transfer all
available funds

TO ACCOUNT NO. S/L

Signature X