



DEPOSIT SLIP/TRANSFER

Name: _____ Date: _____

If you would like to have this deposit credited to more than one account, please indicate below.

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