



Banking for your possibilities

PO Box 477 ~ NORTH HAVEN, CT 06473-0477

Personal Business

DEPOSIT SLIP

DATE _____

ACCOUNT HOLDER NAME _____

ADDRESS _____

➔ ACCOUNT NUMBER

MEMBER SIGNATURE

	SHARED BRANCH NAME

	MEMBER'S PHONE NO.

	LAST 4 DIGITS OF SS#

Cash		
Coins		
Checks		
TOTAL		
CASH BACK		
TOTAL DEPOSIT		

Please use reverse side for additional listing of checks. ➔

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Checks and other items are received for deposit subject to the provisions of the uniform commercial code or any applicable collection agreement.

ID REQUIRED WITH ALL CASH WITHDRAWALS

PROPERLY ENDORSE ALL ITEMS

CHECKS (LIST SINGLY)	DOLLARS	CENTS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
TOTAL		
ENTER TOTAL ON FRONT OF THIS DEPOSIT SLIP		
CASH COUNT (FOR FINANCIAL INSTITUTION USE)		
<input type="checkbox"/> 100		
<input type="checkbox"/> 50		
<input type="checkbox"/> 20		
<input type="checkbox"/> 10		
<input type="checkbox"/> 5		
<input type="checkbox"/> 2		
<input type="checkbox"/> 1		
TOTAL		