

(DETACH BELOW)

DEPOSIT TICKET

**YOUR COMPANY NAME**

YOUR ADDRESS  
YOUR CITY, STATE ZIP  
YOUR PHONE NUMBER

CASH

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DATE: \_\_\_\_\_

CHECKS AND OTHER ITEMS RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OF ANY APPLICABLE COLLECTION AGREEMENT. DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

**BANK NAME**  
CITY, STATE ZIP

ABA  
FRACTION

PAGE #

TOTAL  
NUMBER  
OF DEPOSIT  
ITEMS

GRAND  
TOTAL