

DEPOSIT TICKET

Name _____

Date _____

Church Name _____

Address _____

City/State/Zip _____

Phone _____

Account No.: _____ (If split, give all account numbers.)

Deposit to: _____ (If split, segregate amounts.)

	Amount
<input type="checkbox"/> Income Fund	\$ _____
<input type="checkbox"/> Balanced Fund	\$ _____
<input type="checkbox"/> Impact Fund	\$ _____
<input type="checkbox"/> As instructed on acct. documents	\$ _____

For email confirmation, please list your email address: _____

Signature: _____