BANK DEPOSIT SLIP REQUEST

AGENCY INFORMATION			
Agency Name:			Agency Number:
Section/Location (if applicable):			Date:
Primary Contact	Name/Title:		
	Phone:	E-Mail:	
	Address (No PO Box):		
	City:	State:	Zip:

DEPOSIT SLIP REQUEST
New Request (☐) Re-Order Request (☐)
Quantity Requested (Number of Books): (approximately 30 deposit slips per book)
Last Deposit Ticket Number (**required for re-order requests**):
Bank Name:
Last Four Digits of Bank Account Number:

Fax or email the completed form to: Fax: (334) 242-4242
E-mail: cash.management@treasury.alabama.gov

If you have questions, please contact Cash Management at (334) 242-4491.

For Treasury Use Only

Bank Name:	Account Number:
Ordered By:	Order Date:

Revised: January 2017