



# 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 ( <b>required for re-order requests</b> ):	
Bank Name:	
Last Four Digits of Bank Account Number:	

Email the completed form to: [cash.management@treasury.alabama.gov](mailto:cash.management@treasury.alabama.gov)

If you have questions, please email [cash.management@treasury.alabama.gov](mailto:cash.management@treasury.alabama.gov)

For Treasury Use Only

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

Revised: July 2023