

AGENCY ACCOUNT DEPOSITS

Date: ____/____/____

Account Name: _____

Account Number: _____

Person Delivering Funds: _____

Description of Funds: _____

Total Amounts by Money:	Checks	\$ _____
	Cash	\$ _____
	Coin	\$ _____
	Total Deposit	\$ _____

Authorized by:

Counted by:

Account Owner

Agency Accounts Representative

When depositing checks, please attach an itemized list of all the checks, including a tape of all checks.
The reverse side of all checks should reference your six-digit account number.

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<p style="text-align: center;">DEPOSIT SLIP ASA- AGENCY ACCOUNT</p> <p style="text-align: center;">ACCT # _____</p> <p>Date: _____</p>	<p style="text-align: center;">DEPOSIT SLIP ASA - AGENCY ACCOUNT</p> <p style="text-align: center;">ACCT # _____</p> <p>Date: _____</p>	<p style="text-align: center;">DEPOSIT SLIP ASA - AGENCY ACCOUNT</p> <p style="text-align: center;">ACCT # _____</p> <p>Date: _____</p>
<p>Cash \$ _____.</p>	<p>Cash \$ _____.</p>	<p>Cash \$ _____.</p>
<p>Coin \$ _____.</p>	<p>Coin \$ _____.</p>	<p>Coin \$ _____.</p>
<p>Check # _____ \$ _____.</p>	<p>Check # _____ \$ _____.</p>	<p>Check # _____ \$ _____.</p>
<p>Check # _____ \$ _____.</p>	<p>Check # _____ \$ _____.</p>	<p>Check # _____ \$ _____.</p>
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<p>Check # _____ \$ _____.</p>	<p>Check # _____ \$ _____.</p>	<p>Check # _____ \$ _____.</p>
<p>Grand Total \$ _____.</p>	<p>Grand Total \$ _____.</p>	<p>Grand Total \$ _____.</p>