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**Money Order Deposit Slip**

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| **Mail to:** JPay, PO Box 173070, Hialeah, FL 33017 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Money Order Amount** – maximum $999.99 | **Inmate’s ID Number** |  |  |  | **Inmate’s State** |
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| **Inmate’s Full Name** (Last, First) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Institution** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Your Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Your First Name** (Person Making Payment) |  |  |  |  |  | **Your Phone Number** (Person Making Payment) |
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| **Your Last Name** (Person Making Payment) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Your Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Your City** |  |  |  |  |  |  |  | **Your State Your Zip** |
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