**DEPOSIT RECEIPT**

|  |  |
| --- | --- |
| **Date:** | [MM/DD/YYYY] |
| **Received From:** | [Name] |
| **Street Address:** | [Address] |
| **City, State, Zip:** | [City], [State], [Zip code] |

**Deposit Value**

This receipt is for the deposit of [Reason] dollars $ [Amount] in the form of

☐ Check

☐ Cash

☐ Other: [Reason]

**Deposit Type**

Deposit is for: [Reason]

This deposit is ☐ Refundable ☐ Non-Refundable

The remaining balance owing is [Amount] dollars and is due [Amount]

|  |  |  |
| --- | --- | --- |
| **[Signature]** |  | **[Title]** |
| Authorized Signature |  | Title |

**[Name]**

|  |
| --- |
| Representative’s Name |