



Agency Account Deposit Form

This form must be completed when making a deposit to an agency account. The form should be filled out in both an original and a duplicate. The duplicate form will be returned back to the requestor after the deposit is validated. For any questions, please contact 518-564-2035.

Name: _____

Date: _____

| Account Number | Account Name | Source of Funds | Amount |
|----------------|--------------|-----------------|--------|
| 1). | | | |
| 2). | | | |
| 3). | | | |
| 4). | | | |
| Total Deposit: | | | |

Authorized Signature: _____

(Must be an authorized signatory on Agency Account Application)

| For CAS Office Use Only | | | |
|-------------------------|-----------------|-----------------|---------------|
| Date Received: | Date Deposited: | Deposit Number: | Processed By: |