

**College Auxiliary Services, Inc.**

**Agency Account Deposit Form**

*Form must be filled out in original & duplicate. Duplicate will be returned after deposit is validated.*

Date: \_\_\_\_\_

	<u>Account #</u>	<u>Account Name</u>	<u>Source of Funds</u>	<u>Amount</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
	_____	_____	TOTAL DEPOSIT	\$ _____

**Authorized Signature:** \_\_\_\_\_  
*(Must be authorized signatory on Agency Account Application)*

CAS OFFICE USE ONLY:

\_\_\_\_\_ Date Rec'd      \_\_\_\_\_ Date Deposited      \_\_\_\_\_ Deposit #      \_\_\_\_\_ Processed by