

FILL OUT ONLINE. Conveniently fills in all three forms by typing and tabbing through the first form.

SAVINGS ACCOUNT DEPOSIT SLIP

SAVINGS ACCOUNT DEPOSIT SLIP

SAVINGS ACCOUNT DEPOSIT SLIP

Date _____

Date _____

Date _____

Account No. _____

Account No. _____

Account No. _____

Name _____

Name _____

Name _____

Street _____

Street _____

Street _____

City _____ State _____

City _____ State _____

City _____ State _____

Zip _____

Zip _____

Zip _____

	Dollars	Cents
CASH		
CHECKS		
TOTAL		

	Dollars	Cents
CASH		
CHECKS		
TOTAL		

	Dollars	Cents
CASH		
CHECKS		
TOTAL		

IMPORTANT: All checks must be properly endorsed.

IMPORTANT: All checks must be properly endorsed.

IMPORTANT: All checks must be properly endorsed.



**IN U.M. Loan & Savings
Ministry, INC.**

8401 Fishers Center Drive
Fishers, IN 46038-2318
317-788-7879 • toll free 877-391-8811
info@umlsm.org • www.umlsm.org



**IN U.M. Loan & Savings
Ministry, INC.**

8401 Fishers Center Drive
Fishers, IN 46038-2318
317-788-7879 • toll free 877-391-8811
info@umlsm.org • www.umlsm.org



**IN U.M. Loan & Savings
Ministry, INC.**

8401 Fishers Center Drive
Fishers, IN 46038-2318
317-788-7879 • toll free 877-391-8811
info@umlsm.org • www.umlsm.org

For Office Use Only

For Office Use Only

Return this copy to the office with your deposit.
RETURN RECEIPT

Return this copy to the office with your deposit.
OFFICE COPY

Keep this copy for your records.

