

DEPARTMENTAL DEPOSIT

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

ACCOUNT #: \_\_\_\_\_

CASH: \$ \_\_\_\_\_

CHECKS: \$ \_\_\_\_\_

CREDIT CARD: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Credit Card Usage Fee Nbr. 10000000-000000-00-41203	
\$50.00 and less -----	\$1.00
\$50.01 to \$250.00 -----	\$5.00
\$250.01 to \$750.00 -----	\$15.00
\$750.01 to \$1,250.00 -----	\$20.00
Greater than \$1,250.00 ---	\$25.00

CREDIT CARD INFORMATION:

1 Card Holder: \_\_\_\_\_ TYPE \_\_\_\_\_

Card Number: \_\_\_\_\_ Expir.(MMYY) \_\_\_\_\_

Charge Amount: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Description: \_\_\_\_\_

Billing Street: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ CVV2/CVC: \_\_\_\_\_

Phone: \_\_\_\_\_

2 Card Holder: \_\_\_\_\_ TYPE \_\_\_\_\_

Card Number: \_\_\_\_\_ Expir.(MMYY) \_\_\_\_\_

Charge Amount: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Description: \_\_\_\_\_

Billing Street: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ CVV2/CVC: \_\_\_\_\_

Phone: \_\_\_\_\_

3 Card Holder: \_\_\_\_\_ TYPE \_\_\_\_\_

Card Number: \_\_\_\_\_ Expir.(MMYY) \_\_\_\_\_

Charge Amount: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Description: \_\_\_\_\_

Billing Street: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ CVV2/CVC: \_\_\_\_\_

Phone: \_\_\_\_\_