

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

DEMAND ACCOUNT DEPOSIT SLIP

Date _____
 Account No. _____
 Name _____
 Street _____
 City _____ State _____
 Zip _____

	Dollars	Cents
CASH		
CHECKS		
TOTAL		

IMPORTANT: All checks must be properly endorsed.



**IN Loan & Savings Ministry,
 LLC**
 8401 Fishers Center Drive
 Fishers, IN 46038-2318
 317-788-7879 • toll free 877-391-8811
 info@lsmindiana.org • lsmindiana.org

For Office Use Only

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

DEMAND ACCOUNT DEPOSIT SLIP

Date _____
 Account No. _____
 Name _____
 Street _____
 City _____ State _____
 Zip _____

	Dollars	Cents
CASH		
CHECKS		
TOTAL		

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