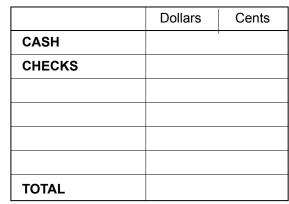
FILL OUT ONLINE. Conveniently fills in all three forms by typing and tabbing through the first form.

DEMAND ACCOUNT DEPOSIT SLIP DEMAND ACCOUNT DEPOSIT SLIP Date_____ Date_____ Account No.____ Account No.____ Name____ Street Street City State City State **Dollars** Cents **Dollars CASH** CASH **CHECKS CHECKS TOTAL TOTAL** IMPORTANT: All checks must be properly endorsed. IMPORTANT: All checks must be properly endorsed. IN Loan & Savings Ministry, LLC IN Loan & Savings Ministry, 8401 Fishers Center Drive 8401 Fishers Center Drive Fishers, IN 46038-2318 Fishers, IN 46038-2318 317-788-7879 • toll free 877-391-8811 317-788-7879 • toll free 877-391-8811 info@lsmindiana.org • lsmindiana.org info@lsmindiana.org • lsmindiana.org For Office Use Only For Office Use Only Return this copy to the office with your deposit. Return this copy to the office with your deposit. OFFICE COPY

RETURN RECEIPT

DEMAND ACCOUNT DEPOSIT SLIP

Date	
Account No	
Name	
Street	
City	State
Zip	_



IMPORTANT: All checks must be properly endorsed.



Cents

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