



SERVICE DATE: _____

TITHES & OFFERINGS _____

OTHER _____

Tithes/Offerings:

Cash Totals \$ _____

Counter Signature: X _____

Check Totals \$ _____

Counter Signature: X _____

Total Deposit Amount \$ _____

****Deposit to Checking Account#:**

PNC - Florida - 4638482289

Deposited by: _____

Date of Deposit: _____

Signature

Print Name

OFFICE USE ONLY:

Monthly Audit:

Bank Deposit Slip Matches Amounts Submitted? YES____ NO____

Deposits Made to Correct Account? YES____ NO____

Correction Needed? YES____ NO____

Verified By: _____

Print Name

Date

Signature

Date

Print Name