



# STATE OF DELAWARE Deposit Ticket - Order Form

**NEW Payment ID**

**Where to send Order** – The information requested below will be used for shipping information only (not for product imprint). **No P.O. Boxes please!** Please Include your phone and fax number, just in case we have questions regarding your order.

## SHIPPING INFORMATION

Company/Customer Name: \_\_\_\_\_

**UPS CANNOT DELIVER TO P.O. BOXES**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If we have any questions, who at your agency should we call?

## AGENCY CONTACT INFORMATION

Agency Contact: \_\_\_\_\_

Day- Time Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### \*SAMPLE TICKET:

| DATE | DEPOSIT TICKET |       | DOLLARS      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | CENTS |  |
|------|----------------|-------|--------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
|      | CURRENCY       | COINS | CHECKS       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|      |                |       | 1            | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |       |  |
|      |                |       | <b>TOTAL</b> |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

STATE OF DELAWARE

**CITIZENS BANK**  
DELAWARE

\$ \_\_\_\_\_

TO REORDER CALL 1-877-202-8872

**TOTAL ITEMS**

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT. DEPOSITS MAY NOT BE AVAILABLE FOR WITHDRAWAL WITHIN 24 HOURS.

PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED

⑆ 5800 ⑈ 1 55 ⑆ XXXXXXXXXX

## ORDER INFORMATION

Agency Program: \_\_\_\_\_

Payment ID: \_\_\_\_\_

Quantity: \_\_\_\_\_

*(200, 400, 800, 1600 only)*

Type of ticket: \_\_\_\_\_

*All will be three part tickets*