Items: Cheques, coupons, etc.	Amount
	$
	$
	$
	$
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	$
	$
	$
	$
	$
	$
Gross amount ▶	$
Less: Commission ▶	$
NET AMOUNT (carry over) ▶	$

Desjardins

Deposit Slip

Date (YYYY-MM-DD)	
Folio	Caisse identification no.
Member's name	
Name of member's caisse	

Additional information, (if applicable)	Cash	Amount
	X $5	$
	X $10	$
	X $20	$
	X $50	$
	X $100	$
	X	$
	Coin	$
	TOTAL ▶	$

Items: Cheques, coupons, etc.	Amount
Net amount carried over (if applicable)	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
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	$
	$
	$
	$
	$
	$
	$
Subtotal ▶	$
Less: Cash received ▶	$
NET DEPOSIT ▶	$

All amounts are in Canadian dollars unless otherwise indicated.

Depositor's signature	Teller's initials