



CASHIER'S OFFICE
181 WHITE STREET
DANBURY, CT 06810-6885

DEPARTMENTAL DEPOSIT SLIP

**PLEASE ENSURE THAT ALL INFORMATION IS FILLED OUT AND ACCURATE
ALL FUNDS MUST BE BROUGHT TO THE CASHIER'S OFFICE BETWEEN 9-3PM MONDAY – FRIDAY**

Department: _____	Banner Fund: _____
Financial Manager: _____	Banner Org: _____
Phone Number: _____	Banner Account: _____
Office Location: _____	Banner Program: _____
**All fields must be filled out in order for the form to be accepted. If you do not know your account information, email Cashiers@wcsu.edu .	
Email Address for Receipt: _____	

Cash, Check, or Money Order	Check Number	Amount	Description of Funds
	Total:		

FOR CASHIER'S USE ONLY

Cash Total: _____	Received by: _____
Checks Total: _____	Receipt #: _____
Total Deposit: _____	