

Cass County Extension Office 805 West 10th Street Atlantic, IA 50022 712-243-1132

Cass County 4-H Club Account Deposit Slip

		Date (m/d/y):	
4-H Club Name:			
Source:	Check #/Cash	Description/Purpose	Amount
		Total Deposit Amount:	
Club Officer Signature Office:			
Club Officer Printed Na	me		
Club Leader Signature			
regular business hours: copy of this form. Form	Monday-Friday, 8 may also be mailed	es for deposit, should be dropped off at the Externance Am to 4:30 PM. Staff will date and initial below, I, to address above, if deposit consists of checks the Extension drop box outside of business hou	and provide you a only. Please do not

Staff Initials:

Batch Number:

Date Received:

Date Deposited:

Club Account Number:

Form Updated 12/3/2018