2232 N.E. Jacksonville Rd
Ocala, FL 34470
Ph. (352) 671-8400
Fax. (352) 671-8420
Mc4hbank@marioncountyfl.org

MARION CO.

CLUB DEPOSIT FORM

Account No.: _____ Amount: $ _____

Club Name: _____Date: _____

Source of Deposit: _____

Amount in Checks: $_____ Cash Amount: $_____

Account/Sub Account funds allocated to:

General Account: $_____

If Applicable:

Sub Account: _____Amount: $_____

Sub Account: _____ Amount: $_____

Sub Account: _____Amount: $_____

Authorized Signer: _____Date: _____
PRINT NAME

Authorized signer: _____
SIGNATURE

MARION COUNTY 4-H FOUNDATION USE ONLY

Date Rec'd: __/__/___Rec'd By: ___/___/___ Amt Rec'd:_____

Add general account and all sub account totals, write on amt rec'd line

FORMS PROCESSED THURSDAY OF EACH WEEK

Checks (source)	Dollars	Cents
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total this side		

Coin Amount		
ones	X $1	=
five	X $5	=
ten	X $10	=
twenty	X $20	=
fifty	X $50	=
hundred	X $100	=
Total		

UF UNIVERSITY of FLORIDA IFAS Extension

Marion County FLORIDA EXTENSION SERVICE