



**Agency Accounts**  
**Deposit Form**  
 Associated Students, Inc.  
 California State University, Fullerton



Amount of Deposit \_\_\_\_\_ Date of Deposit \_\_\_\_\_

Name of Individual Making Deposit (print) \_\_\_\_\_

Account Number and Name to be Credited \_\_\_\_\_

Source of Funds (Complete Description) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Advisor Signature

\_\_\_\_\_  
 Individual Making Deposit Signature

For Accounting Use Only
Received By _____ Date _____

White - AS Accounting

Yellow - Club/Organization