DEPOSIT RECEIPT

Payee

Name: _____

Street Address: _____

City, State, Zip: _____

Payor

Name: _____

Street Address: _____

City, State, Zip: _____

Details

Receipt Date: _____

Receipt #: _____

Payment Date: _____

This receipt confirms the deposit of _____ (_____) was paid on _____ for the following: _____.

Payment was made via ☐ Cash ☐ Check ☐ Credit Card ☐ ACH ☐ Other: _____.

This deposit is ☐ refundable ☐ non-refundable.

The remaining balance of _____ (_____) must be paid in full by _____.

Deposit Paid: _____

Balance Remaining: _____

Additional Terms and Conditions