

# Deposit

# ACE TARANAKI

## ACE TARANAKI RECEIPT

(Teller Stamp Required)

To the credit of **ACE TARANAKI**

Date: \_\_\_ / \_\_\_ / \_\_\_

Date: \_\_\_\_\_

Particulars (Name)

Notes

Code (Phone)

Coin

Name: \_\_\_\_\_

Reference (Course Code)

Cheques

Paid in by

Total

Amount Paid: \$ \_\_\_\_\_

1	5	3	9	4	7	0	4	1	7	4	2	7	0	0
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Cheque issued by	Bank	Branch	Amount
_____	_____	_____	_____
_____	_____	_____	\$ _____

Deposit into  
Account No. 15-3947-0417427-00

GST No: 81-085-145