

**CITY OF ZILLAH
DEPOSIT RETURN ORDER**

ACCOUNT# _____ DATE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

RESIDENT SIGNATURE: _____

.....

~~FOR OFFICE USE~~

MONTHLY REVIEW: _____

DEPOSIT BOOK: _____

.....

DEPOSIT ON FILE \$ _____

APPLIED TO ACCOUNT \$ _____ DATE: _____

TREASURER CHECK # _____

DEPOSIT MAILED \$ _____ DATE: _____

TREASURER CHECK _____