Funeral Trust of Alabama

Deposit Transmittal

Firm Name _____

Firm ID _____ Date of Deposit _____

New Contracts

Contract Number	Beneficiary (Last, First, MI)	Amount	Letter*
Subtotal			

Installment Payments

Contract Number	Beneficiary (Last, First, MI)	Amount
Subtotal		

TOTAL OF DEposit TRANSMITTAL	

***Letter--**Place a Y in this column if you wish for your customer to receive an acknowledgement letter.

_____

Signed for the Funeral Home by

White Copy - Data Processing (ASI)

Yellow Copy - Funeral Home

Revised: May 2002