



New York Library Association

The Voice of the Library Community

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DEPOSIT FORM

Group Submitting Deposit: _____

Submitted By: _____

Date Submitted: _____

STAFF USE ONLY
ACCOUNT #: _____
RECEIVED: _____

Please provide all details available to ensure the accurate processing of your deposit. DO NOT SEND CASH.
Checks must be made payable to New York Library Association or NYLA. Attached additional forms as needed.
Attach original checks to form. We suggest retaining a copy for your records.

Details Regarding Deposit: (Event Name and Date, Purpose)

Table with 4 columns: NAME on CHECK, CHECK #, PURPOSE / NATURE OF BUSINESS, AMOUNT. Includes a row for 'John Doe or ABC Public Library' and a 'TOTAL DEPOSIT' row.

Signature: _____