

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



**FUTSAL CLUB TORONTO**  
**FCT TEAM BANK ACCOUNT**  
**DEPOSIT / DEBIT SLIP**

\_\_\_\_\_ BOYS / GIRLS DIVISION / \_\_\_\_\_  
*Birth Year Circle One Gender / Division Coach Name*

Deposit Made By: \_\_\_\_\_

*Cheques must be payable to FCT*

DEPOSIT		
Amount	Method (Credit type/ Cash/ Cheque #)	Payment From
TOTAL AMOUNT TO DEPOSIT		

DEBIT TO FCT		
Amount	Invoice #	Details
TOTAL FCT PAYMENT AMOUNT		

\_\_\_\_\_  
*Staff Initial*

\_\_\_\_\_  
*Staff Initial*

Special Notes:  
\_\_\_\_\_  
\_\_\_\_\_

FCT Approval: \_\_\_\_\_

Bank Transfer Date: \_\_\_\_\_