DEPOSIT / PAY IN SLIP

State Bank of India

Branch : **Date : / /20**

SB/CA/RD/OD/CC/TL/DL A/c No./Credit Card No.

Name _____

Tel. No. _____

	Rs.	P.
Amount		

Rupees in words _____

_____

Cash/Cheque No /Date & Name of Bank & Branch	Rs.	P.
Total		

SWO/Passing Officer

SBI toll free, 24 Hours Call Centre No. 18004253800, 1800112211

PAN NO. | | | | | | | | | | |

OR

Form 60 |

For Cash Deposit of ₹ 50,000/- & Above

CASH DEPOSIT

Notes	No.	Rs.	P.
2000 x			
500 x			
200 x			
100 x			
50 x			
20 x			
10 x			
5 x			
Coins			
Total			

1. All Cheques must be crossed.
2. Please mention your A/c No. and name on back of the Cheque.
3. Please use separate slips for cash Deposit, Outstation Cheques and Lock Cheques.

DEPOSIT / PAY IN SLIP

State Bank of India

Branch : **Date** | | | | | | | | |

SB/CA/RD/OD/CC/TL/DL A/c No./Credit Card No.

Name _____

Tel. No./Mobile No. _____

E-mail ID _____

Rupees in words _____

_____

Cash/Cheque No /Date & Name of Bank & Branch	Rs.	P.
Total		

Transaction ID	
SWO	**Passing Officer**

Signature of Depositor