

### Important Tips for Using This Form

1. Fill in the form completely. Don't forget to provide your account number and the amount of the check(s) you are depositing.
2. For your own security, do not send cash.
3. Please trim off the top of this form prior to sending it to us.
4. Mail the form to:  
Thrivent Financial Bank  
2000 E. Milestone Drive  
Appleton, WI 54913-9905

-----Cut here-----



2000 E. Milestone Dr., Appleton, WI 54919-0006  
www.thriventbank.com • e-mail: bank@thrivent.com • 866-226-5225

## Online Bank Deposit Slip

*Thank you for allowing us to be of service to you!*

	Deposit to:	Account Number	Check Amount \$
Date:	<input type="checkbox"/> Savings		
<b>Please print</b> name and address below.	<input type="checkbox"/> Checking		
	<input type="checkbox"/>		
<input type="checkbox"/> Please send another bank by mail packet			
23454 N10-04		<b>Total Enclosed &gt;</b>	