

# Receipt on Account

The undersigned acknowledges receipt of the sum of \$ \_\_\_\_\_ paid by  
\_\_\_\_\_ .

This payment will be applied and credited to the following account:

Dated \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Payment

\_\_\_\_\_  
Printed Name of Person Receiving Payment