

Automatic Transaction Inventory

Direct Deposits

(List names of specific income sources under each category)

	Amount	Date
<input type="checkbox"/> Employer(s) Payroll: _____ _____	_____	_____
<input type="checkbox"/> Pension(s)/Retirement Plans: _____ _____	_____	_____
<input type="checkbox"/> Social Security: _____	_____	_____
<input type="checkbox"/> Investment Income: _____ _____	_____	_____

Automatic Payments

(List name of specific biller next to category)

<input type="checkbox"/> Mortgage: _____ _____	_____	_____
<input type="checkbox"/> Auto Loans: _____ _____	_____	_____
<input type="checkbox"/> Insurance: _____ _____	_____	_____
<input type="checkbox"/> Credit Cards: _____ _____	_____	_____
<input type="checkbox"/> Gas/Oil: _____ _____	_____	_____
<input type="checkbox"/> Electric: _____	_____	_____
<input type="checkbox"/> Cable/Satellite TV: _____	_____	_____
<input type="checkbox"/> Telephone: _____	_____	_____
<input type="checkbox"/> Cellular Phone: _____	_____	_____
<input type="checkbox"/> Internet Provider: _____	_____	_____
<input type="checkbox"/> Health Club: _____	_____	_____
<input type="checkbox"/> Investments: _____ _____	_____	_____
<input type="checkbox"/> IRA/Retirement: _____ _____	_____	_____
<input type="checkbox"/> Charities: _____ _____	_____	_____
<input type="checkbox"/> Other: _____ _____	_____	_____