

Student's Printed Name

ENROLLMENT SERVICES Office of Student Financial Services 901 12th Avenue, P.O. Box 222000 Seattle, WA 98122-1090

Tel.: (206) 296-2000 Fax: (206) 296-5755 financialservices@seattleu.edu

## AUTHORIZATION TO DEPOSIT FUNDS TO CAMPUS CARD

By my signature below, I authorize Seattle University's Office of Student Financial Services to charge the amount(s) set forth below to my student account and to make a deposit in that amount to my Seattle University Campus Card. The **Miscellaneous Account** permits me, to the extent of funds available in that account, to use my Campus Card at various on-campus locations to purchase books and supplies in the Seattle University Bookstore, purchase parking permits and bus passes, and to pay for copies, snacks and beverages in vending machines, laundry, stamps, and postage for packages. The **Food Account** permits me, to the extent of funds in that account, to use my Campus Card to purchase food in the Cherry Street Market, The Bistro, The Bottom Line, and The Sidebar.

I understand that my Miscellaneous Account and Food Account will not be activated until I have signed a Campus Card Application and Agreement Form and have received my Campus Card (both of which can be obtained from the Campus Card Office on the 3<sup>rd</sup> Floor of the Bannan Building).

Student STimed Name				
SU ID # or Social Security #		Daytime Phone #		
Street Address	City		State	Zip Code
Amount to be Deposited to my Miscellaneou	ıs Account:	\$		each quarter
Amount to be Deposited to my Food Account	nt:	\$		each quarter
I understand that this authorization to depose Account will remain in effect until revok terminated. I also understand that when me closed, the treatment of any credit balance Application and Agreement Form I signed to	ked in writing my Miscellandes is govern	g or uneous Aced by t	ntil my sta ecount and/ he terms o	tus as a student is or Food Account is
Student's Signature		Date		