

Office of Student Accounts - Deposit Form

Please present this completed form with your check and/or cash deposit.

Location: Stratton 225

Normal Business Hours: Monday-Friday 8AM - 4:30PM.

If the office is closed, you may utilize the secure dropbox to the left of the office doors.

FUND CENTER (required if the GLA starts with a 4, 5, 6, 7 or 8)	_____
FUND (required)	_____
GLA (required)	_____
Reference Information (not required)	
Total Cash Deposit	\$ _____ . _____
Total Check Deposit	\$ _____ . _____
Overall Total	\$ _____ . _____
If you require an emailed receipt, please include the email below:	

Office of Student Accounts - Deposit Form

Please present this completed form with your check and/or cash deposit.

Location: Stratton 225

Normal Business Hours: Monday-Friday 8AM - 4:30PM.

If the office is closed, you may utilize the secure dropbox to the left of the office doors.

FUND CENTER (required if the GLA starts with a 4, 5, 6, 7 or 8)	_____
FUND (required)	_____
GLA (required)	_____
Reference Information (not required)	
Total Cash Deposit	\$ _____ . _____
Total Check Deposit	\$ _____ . _____
Overall Total (required)	\$ _____ . _____
If you require an emailed receipt, please include the email below:	