SALVE CARD DEPOSIT SLIP

Student's Name _____ **Student ID#** _____

☐ **CASH**
$_____

☐ **CHECK**
$_____

Make payable to:
Salve Regina University

☐ **CREDIT CARD (VISA or MASTERCARD)**
$_____

I authorize Salve Regina University to charge my credit card

_____/_____/_____/_____/_____/_____
Credit card number **card id#** **Exp. date**

_____/_____
Street address of card holder **Zip Code**

_____/_____
Signature **Daytime Telephone #**

Business Office Use Only
Date: _____
Initials _____
ID#_____