Additional Dining Points Deposit Form

First Name: _____________________  Last Name: _______________________

Hofstra ID No.: __________________  Deposit Date: _____________________

Deposit Amount*: _____________________________
(Please use decimal points, example: $30.00)

*Please calculate your anticipated costs carefully as deposits to this account are nonrefundable. Balances remaining shall be forfeited each year, the day following spring commencement.

Method of Payment: Deposits may be made in person at the Hofstra Card Services Office located in the Mack Student Center using this form, or by electronic check or credit card using the online system available through the student portal.

____ Cash  
____ Check  
____ Money Order

Note: Students may only make credit card deposits using the online system through the student portal. Please see: http://www.hofstra.edu/StudentAffairs/StudentServices/HOFCRD/index.html

Agreement:
I wish to deposit the amount specified above into the dining plan account for the student named above. I acknowledge that funds are nonrefundable and any unused balance will be forfeited each year, the day following spring commencement. I also acknowledge that the balance may not be transferred to any other account.

Signature: _____________________  Printed Name: _____________________