



HOFSTRA
UNIVERSITY

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: _____