

Polar Dollars Deposit Form

Print Clearly • Return to the Controller's Office

ID # : _____

Last Name

First Name

Middle Initial

Check One: Residence (in residence hall) Commuter Telephone (____) _____

I understand that the dollar amount enclosed will be deposited into my Polar account which is accessed via my Polar/ID card. *See terms and conditions on reverse side.*

Amount of Deposit \$ _____ Signature _____ Date _____

Payment by check or credit card

American Express
VISA
MasterCard
Discover

Card Account Number

Card Expiration Date

Cardholders' Name (print)

Cardholder acknowledges and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholders' Signature