



SHIELD CARD DEPOSIT FORM

CSA _____

DATE _____

CARDHOLDER'S NAME _____

CARDHOLDER'S ID # _____ CARDHOLDER'S PHONE _____

AMOUNT \$ _____ FORM OF PAYMENT (CIRCLE ONE): CASH CHECK CHARGE

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

ARE YOU A STUDENT? YES NO

___ VOLUNTARY DINING DOLLARS

___ STUDENT SHIELD SPENDING DOLLARS

ARE YOU AN EMPLOYEE? YES NO

___ EMPLOYEE/FAMILY SHIELD SPENDING DOLLARS

THANK YOU!
5TH & BROADWAY