



LION CARD DEPOSIT FORM

Lincoln University
Cashier's Office
1570 Old Baltimore Pike
Lincoln University,
PA 19352
484-365-7414
484-365-8130 (fax)

I authorize Lincoln University to charge my credit card as follows:

Complete and return by mail or fax to the Cashier's Office

Student's Last Name: _____ First Name: _____ M.I. _____

(please print)

Student's Social Security or Colleague I.D.#: _____

Home Mailing Address: _____

City

State

Zip

Telephone Number: _____ Fax Number: _____

Credit Card Information

Person's Name on Credit Card: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Account Number: _____ Expiration Date: _____

Total Amount Authorized to be Charged: \$ _____

Check the appropriate Lion Card account and amount to be deposited to each account:

_____ Lion Cash Account Amount: \$ _____

_____ Laundry Account Amount: \$ _____

_____ Bookstore Account Amount: \$ _____

Credit Card Holder's Signature: _____ Date: _____

(A receipt will be forwarded to you after posting by the Cashier's Office)

To be Completed by the Cashier's Office

Date Posted: _____ Cashier's Signature: _____

Comments: _____