

Don Dollars Enrollment/Deposit Form

- New Account
 Existing Account
 Phone Request

Payment Method: Check
 Credit Card

Amount: _____

Student's Name _____

Card Number _____

Date _____ Student ID Number _____

Expiration Date _____ Zip Code _____

USF students, make deposits online at www.usfca.edu/onecard

Return to: USF One Card Office
2130 Fulton St.
Campion Hall, Room A2
San Francisco, Ca 94117-1080
415/422-7663 (phone)

or fax to: 415/422-6664

Cardholder's Name _____

Cardholder's Signature _____

Phone # (for confirmation when processed) _____

FOR OFFICE USE ONLY

Date Processed: _____ Date Posted: _____ Authorization #: _____
Initials: _____ Initials: _____ Reference #: _____ Initials: _____

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