



DEPOSIT TO CLIPPERCARD "ClipperCash" ACCOUNT

Student/Cardholder Name: _____ Student ID#: _____

Call back phone #: _____

Student: Faculty/Staff: Other:

Payment Amount:

- \$20 \$30 \$40 \$50 \$60 \$70
 \$80 \$90 \$100 \$125 \$150 \$200
 Other \$ _____ (Please Specify)

Payment Type: (Please make Checks and Money Orders payable to: **Salem State University**)

Check #: _____

Money Order #: _____

PLEASE COMPLETE THE FORM AND MAIL TO:

Salem State University
ClipperCard Office
352 Lafayette Street
Salem, MA 01970

ClipperCard office staff only:

Payment Received: \$ _____ Date: _____ Staff Initials: _____