



Fall 2006 Declining Balance Food Service Enrollment Form

Student Name: _____

SVA ID or SS#: _____

Student Phone #: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Amount to be Added to the Student ID for the Declining Balance Food Service:

___ \$300(Minimum) ___ \$500 ___ \$750 ___ \$1000 Other \$ _____
(\$300 Minimum)

Payment Information:

Check of \$ _____ OR

Credit Card Payment of \$ _____

Credit Card Type (check one): ___ (Visa) ___ (MasterCard) ___ (AMEX) ___ (Discover)

Account #: _____ Expiration Date: _____

Card Holder Name: _____

Card Holder's Signature: _____

Verified By SVA Staff Member:

Name: _____ Date: _____

Fax completed form to: 212-592-2088
or Return to the Office of Student Accounts at 209 E 23rd Street