

Podium Deposit Form

1. Print Form & Complete

Student/Staff Name: _____

Permanent Address: _____

Albany ID# _____

Local Address: _____

Home Phone: _____ Local Phone: _____

Please Deposit the following amount in my *Podium* Account:

\$50

\$200

\$500

\$100

\$300

\$ _____

A. Please charge my:

MasterCard

VISA

Discover Card

Name on Card: _____

Account #: _____

Expiration Date: _____

Signature: _____

B. I have enclosed a check made payable to *UAS*
in the amount of \$ _____

2. Send Completed Form with Check or Credit Card Information To

University at Albany
SUNYCard Office CC-B52
1400 Washington Avenue
Albany, NY 12222

If you have questions or need assistance, please contact the SUNYCard Office at 518-442-5989