

MVCC ROOM DEPOSIT FORM

***** PLEASE RETURN WITH APPLICATION *****

Student Name: _____

____ Pay by **Money Order**: Enclose Money Order. Please make payable to MVCC Dorm. Corp.

____ Pay by **Check**: Enclose Check. Please make check payable to MVCC Dorm. Corp.

____ **PAY BY CREDIT OR DEBIT CARD: TO PAY \$100 DEPOSIT BY CREDIT OR DEBIT OVER PHONE INSTEAD OF THIS FORM CALL (315) 792 - 5657 APPROXIMATELY 3 DAYS AFTER MAILING APPLICATION.**

Name on Card: (Please Print) _____

Card # _____

Expiration Date: Month _____ Year _____ Card Type: _____ VISA _____ MasterCard

Security Code: _____ (3 digits on back of card)

Signature: _____ Date ____/____/____