



Washington University in St. Louis

CAMPUS CARD

Deposit Form – Student Account

Name _____ WU ID _____ Local Phone _____

Local Address _____

Please deposit \$ _____ into my Campus Card Account. I agree to the terms of service posted at card.wustl.edu and understand that should this deposit not clear my financial institution, this amount will be charged to my student account.

Signature _____ Date _____

Please bring / or mail this form along with your check

or cash to the Residential Life office at:

Washington University in St. Louis

Attn: Latanya Clifton – Smith

6629 Shepley Dr – Campus Box 1250

St. Louis, MO 63105-2298