



Bursar's Office
155 Elizabeth Blackwell Street
Room 200 CAB
Syracuse, NY 13210
Tel: 315-464-5148 Fax: 315-464-4648

**Faculty Student Association
-- Deposit Form**

Date: _____

FSA Account # _____

FSA Account Name: _____

Total amount of Deposit: _____

Cash: _____

Checks: _____

Credit Card: _____

Signature: _____
Please sign

_____ Please print name

Mail Receipt to: _____