BUC\$ Mail in Deposit Form

Please read Terms and Conditions

Student Name (Last, First, MI) () Home or Cellular Phone Number			ID Card No. (found in lower left front of ID) or B number.	
			\$00 Deposit Amount	
Type of Pay	ment (check one)			
	□ Cash	☐ Check payable to: Sodexo Campus Ser	☐ Discover vices	
	□ VISA	☐ Master Card	☐ American Express	
If paying by	credit card, plea	ase include the following inform	ation.	
Card	Number		Card Expiration Date	
Print	Name found on C	Credit Card		
Signa	ature of Credit Ca	rd Holder	Today Date	

The feature of the BUC\$ account is optional. Cardholder will activate the BUC\$ Account upon initial deposit. Activation of the BUC\$ Account signifies understanding and agreement with the Terms and Conditions. Clarification of these policies can be addressed to the Meal Plan / BUC\$ Office during normal business hours.

To learn more about BUC\$ go to https://www.binghamton.edu/services/auxiliary/dining/bucs/

Dining Services is not responsible for cash sent through the mail.

Mail completed form to:

Meal Plan / BUC\$ Office
Binghamton University
P.O. Box 6000
Binghamton, New York 13902-6000

After an BUC\$ account is opened, the Cardholder may add funds and view account balance online at

www.mybucard.com

To open a BUC\$ account in person, add funds and received account balance visit the Meal Plan / BUC\$ Office located in the University Union East (UUE) Room 002

> Meal Plan Office (607) 777-6000 Fax Number (607) 777-6434 Toll Free Number (888) 858-9167