

**ROCHESTER INSTITUTE OF TECHNOLOGY
DEPOSIT RECEIPT**

Name _____ Date _____

Last Four Digits of ID #: _____ RIT Phone # _____

Please check deposit method: Cash Check Visa MasterCard

Straight Debit \$ _____ Tiger Bucks \$ _____ Total Deposit \$ _____

Credit Card # _____ Exp. Date _____

Cardholder's Name _____

I have read the **Terms and Conditions** printed on the back of this document and accept all terms as stated.

Signature _____

Office Use Only: Check # _____

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