

Hartwick College

MealPlanDollars

Parental Request to Fund the Student's Account

Name of Student: _____

ID #: _____

Amount requested to add to student's Meal Plan Dollars account:

Please Check One Amount:

\$ 25.00 _____

\$ 50.00 _____

\$100.00 _____

\$150.00 _____

\$200.00 _____

\$250.00 _____

\$300.00 _____

Payment Options (Please check one):

_____ Please include the amount indicated above
for funding of my student's Meal Plan
Dollars account to my monthly billing
statement from Hartwick College.

_____ **Date:** _____ **Parent's signature**

_____ Payment in the form of a check made
payable to Hartwick College for funding of
my student's Meal Plan Dollars account.

Please tear off this section and mail it to:

Office of Student Accounts
Hartwick College
Oneonta, NY 13820