## **BUC\$ Mail in Deposit Form**

Please read Terms and Conditions

Student Name (Last, First, MI)			ID Card No. (found in lower left front of ID) or B number.	
() Home or Cellular Phone Number		umber	\$00 Deposit Amount	
Type of Pay	ment (check one)			
	□ Cash	☐ Check payable to:  Sodexo Campus Servi	☐ Discover	
	□ VISA	☐ Master Card	☐ American Express	
If paying by	r credit card, plea	ase include the following informat	ion.	
Card Number			Card Expiration Date	
Print	t Name found on C	Credit Card		
Sign	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