

OFF-CAMPUS MEAL APPLICATION

Card Services, 738 South Mason Street, MSC 3532, Harrisonburg, VA 22807

Last Name **First Name** **M.I.**

I agree to the terms and conditions as stated in the student handbook. I understand that any change in meal plans must be made within 2 weeks after the first week of classes. Any credit due can be placed in FLEX, Dining Dollars Gold or can be refunded. There will be a \$15 service charge on meal plan changes. ***All Fall meal plans will automatically renew for the Spring semester and be billed with tuition in December.**

Signature of Student: _____

METHOD OF PAYMENT:

- Bill with tuition (meal plans only)
 Personal Check – Payable to James Madison University
 Visa MasterCard Discover Amex
 Cash Flex

Signature of Cardholder

CID # **Exp. Date** **CC #**

Student ID Number

Received By _____ Date _____ Location # _____

DECLINING BALANCE ACCOUNTS:
FLEX/Dining Dollars Gold cannot be billed to tuition.

FLEX \$ _____

DINING DOLLARS GOLD \$ _____

OFF CAMPUS MEAL PLAN OPTIONS:
Meal Plans can be billed with tuition.

Meal Plan Code P- _____

Meal Plan Amount _____

Total Amount Enclosed \$ _____