



CAFÉ ACCOUNT REQUEST FORM

Student's Last Name: _____	Student's First Name: _____
Student ID: _____	Date: ___/___/___
Phone: (___) ___ - _____	Email Address: _____
Term: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER Year: _____	

Café Account Amount Requested:

- \$2,100 for the semester (approximately 18-21 meals per week plus snacks and sundries)
- \$1,575 for the semester (approximately 18-21 meals per week)
- \$775 for the semester (approximately 8-10 meals per week)
- \$_____ (any amount you wish -- additional amounts may be added at any time)

Method of Payment:

- Online at www.amda.edu
- Check
- Money Order
- Cashier's Check

Please attach your check, money order or cashier's check to this form and send it to:

AMDA Student Accounts
6305 Yucca Street
Los Angeles, CA 90028

- Credit Card

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____

Card Holder's Signature: _____

- Financial Aid Credit Balance

I am requesting that my financial aid credit balance in the amount of \$_____ be applied toward my AMDA Café account. _____
Initial

**Note: Café account credits will be refunded (less a \$25 Administrative Fee) to the student's account upon graduation or after a written request is received. Before a refund is processed, any balance on the student's account must be paid in full. If a balance exists, the Café account credit will be applied to the existing AMDA student account balance before any refunds are issued. An Administrative Fee of \$25.00 will apply to all Café account credits posted to the student's account.*

Student's Signature: _____

Date: _____