

**BRIDGEWATER STATE COLLEGE
FLEX DOLLAR PURCHASE**
To purchase FLEX dollars, fill out this form.

_____ **Banner ID Number** _____ **Date** _____

_____ **Name** _____

_____ **Street** _____ **City** _____ **State** _____ **Zip** _____

Flex Dollars Accepted at Dining Facilities, Vending, Bookstore, Laundry, Dunkin Donuts, Starbucks, Mailroom and select Off-campus Merchants.	_____ \$ Amt. Purchased
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Payment Type:

Cash **Check**

Credit Card Number _____ **Exp date** _____

MasterCard **Visa** **Discover**

- **Zip Code of Billing Address** _____
- **Card Holder Name** _____
- **Street Number of Billing Address** _____

_____ **Signature of Card Holder**

Add to Student Account Bill (Must be Purchased by 8/19/09 for Fall Semester or 1/06/10 for Spring Semester.)

Please check one: **\$100.00** **\$200.00** **\$400.00**

I authorize Bridgewater State College to use my Financial Aid to pay charges for flex dollars as indicated above. I further acknowledge that I am responsible for payment of these charges if my financial aid is determined to be insufficient to cover these charges.

I certify that I have read and understand the above conditions.

_____ **Student Signature**

Please return form and payment to:
Bridgewater State College
Office of Student Accounts
Boyden Hall
Bridgewater Ma 02325
Or deposit in drop box at the Office of Student Accounts

For Office Use Only	Date Posted _____	Initials _____	Posted Banner _____	Posted Envision _____
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