

**PLEASE NOTE: THIS FORM IS NOT AN ONLINE REGISTRATION.
IT MUST BE PRINTED AND MAILED OR FAXED.**

COMMUTER MEAL PLAN REGISTRATION FORM

Name: _____

B #: _____

Phone: _____

Student Email _____

Select Meal Plan (Check One Only Please)

Commuter Annual (Minimum \$650 deposit)

Commuter Semester (Minimum \$340 deposit)

Commuter Plus (Minimum \$25 deposit)

Deposit: \$_____.00

Type Only ___ MasterCard ___ American Express of Payment (Check One Please)
 ___ Visa ___ Personal Check
 ___ Discover ___ Cash

If paying by credit card, please include:

Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature of Card Holder _____

Phone Number of Card Holder _____

MAIL COMPLETED FORM TO:

Binghamton University Dining Services Meal Plan Office
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000

607-777-6000 local number
607-777-6434 fax number
888-858-9167 toll free number

Please make checks payable to **Sodexo**
Dining Services is not responsible for cash sent through the mail.



@BingCampusFood

www.BinghamtonUdining.com

