

OWATC CASHIER

Deposit Slip

Date: _____

Name: _____

Address: _____

Phone #: _____

Student I.D. : _____

Tuition:				
Registration Fee:				
Other Fees:				
TOTAL Deposit				
Cash*	Credit Card	Check	Total	

* Cash deposit not recommended

Credit Card Information:

Type of Credit Card (i.e. Visa, MasterCard, etc.):

Name on Credit Card: _____

Credit Card #: _____

Credit Card Expiration Date: _____

(Envelopes will be opened the following business day by at least two College Employees to verify amounts. Student will be contacted in the event of overage or shortage. Your student account will be credited the next business day. Payments received after 1:00 P.M. will be applied the following business day. Receipts will be issued only on request.)

1st Copy Cashier

2nd Copy Student