Café Account Request Form

Student Information

Student Name

LAST NAME ___________________________ FIRST NAME ___________________________ MIDDLE INITIAL ___________________________

Student ID: ___________________________ Date: ___________________________ MM/DD/YYYY

Phone Number: ___________________________ Email Address: ___________________________

Term: [ ] Fall [ ] Spring [ ] Summer [ ] Summer

Year: ___________________________

Request

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

Initials: ___________________________

Suggested amounts:

• $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)

*Note: The portion of your financial aid credit will be applied to your Café account. Once your refund has been issued, you may apply additional funds to your Café card at www.amdacafe.com. Café account credits will be refunded (less a $25 administrative fee) by the AMDA Café. Please contact the AMDA Café about refunds.

Authorization to Apply Federal Financial Aid to Non-Institutional Charges

Federal student financial aid can only cover “institutional charges” as defined by the U.S. Department of Education. This definition includes current year charges such as tuition and fees and on-campus housing. Unless authorization is received, federal financial aid cannot be used to cover non-institutional charges such as: parking fees, AMDA Café accounts, lost keys, returned check fees, or replacement IDs.

The only way federal student aid funds can be used to pay for “non-institutional charges” is to obtain your written authorization to pay for those charges. This form will allow us to apply your federal financial aid to your non-institutional charges.

I authorize AMDA to apply my federal student financial aid to any non-institutional charges on my student account. I understand that this authorization will remain in effect until I submit a written request to cancel this authorization.

Student Signature ___________________________ Date ___________________________