



KNIGHT CARD APPLICATION
(Prepaid Debit Account)

NAME _____
Last First MI

SMC ID # 80 _____

INITIAL DEPOSIT: (minimum \$20.00)

CASH: AMT _____

CHECK: AMT _____ CHECK# _____ (payable to SMC)

CHARGE: AMT _____

_____ On-Line: Using Visa, MasterCard, Discover (debit or credit) or by eCheck at:
<http://www.smcvt.edu/On-Campus/Offices-and-Services/Knight-Card-Office.aspx>

Select online deposit form

(This process takes 2 business days and there is an online convenience fee)

_____ In the Knight Card Office we accept: Visa, MasterCard & Discover (debit or credit)
(Physical card must be present)

Please establish a Knight Card Account for me. I have read the information as stated on the reverse side and accept the terms and conditions as set forth.

Signature of SMC Accountholder

Date

A signed original must be returned to the:

Knight Card Office
SMC Box 154, Alliot Hall, Colchester, VT 05439
802-654-9500