

CARDINAL CASH PROGRAM MEMBERS INFORMATION

You may email, fax or mail this form to:
College Auxiliary Services Attn: Chris Hobson Whalen 101 Broad Street Plattsburgh, NY 12901
Ph: 518-564-2038 Fax 518-564-4092 Email: whalench@plattsburgh.edu

BUSINESS INFORMATION (Please Print Clearly)

All communications concerning the Cardinal Cash program are via email only.

Business Name: _____

Contact or Store Manager's Name(s): _____

E-mail Contact (Required): _____

INFORMATION FOR CUSTOMER INFORMATION (ON-LINE LISTINGS &/OR PRINT LITERATURE)

*(*If you have more than one location that accepts Cardinal Cash please complete this section for all locations, use back if needed.)*

Business Name: _____

Store Address: _____

Store Email: _____

Store Phone & Fax: _____

Store Website: _____

HOURS OF OPERATION

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

DESCRIPTION OF BUSINESS (What do you want your customers to know about your business)

*Once we have received this form we will send you one Cardinal Cash Decal. The decal will be sent to the store address provided unless otherwise indicated below.

WITHOUT THE INFORMATION BELOW WE WILL NOT BE ABLE TO DEPOSIT YOUR CARDINAL CASH PAYMENTS!

ACH Deposit Information – Please print clearly

Bank Name: _____

Name on the Account: _____

Type of Account (checking or savings): _____

Bank Account #: _____

Bank Routing #: _____

