



COLLEGE ASSOCIATION AT DELHI, INC.  
**DELHI DOLLARS ACCOUNT**

APPLICATION/DEPOSIT FORM

Please complete this form and return it with your deposit to the CADI office,  
141 Sanford Hall, Delhi, New York 13753. (607)746-4750

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Please check deposit method:      **Cash**\_\_\_\_      **Check**\_\_\_\_\_

VISA \_\_\_\_\_    MasterCard\_\_\_\_\_    Discover \_\_\_\_\_    American Express\_\_\_\_\_

Account No. \_\_\_\_\_

Expiration Date:\_\_\_\_\_      CVV2 No. \_\_\_\_\_

Signature:\_\_\_\_\_

(By signing above, you are authorizing CADI to charge your credit card by  
the amount specified below)

Card Holder's Billing Address \_\_\_\_\_

\_\_\_\_\_  
Town/City                                  State                                  Zip

Telephone No. (        ) \_\_\_\_\_

Amount \$ \_\_\_\_\_

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Input Date \_\_\_\_\_

Input By \_\_\_\_\_

Input Amount \$ \_\_\_\_\_