



FLEX DEPOSIT FORM

(DATE)

(STUDENT ID NUMBER)

(FULL NAME, PLEASE PRINT)

(HOME ADDRESS)

(TELEPHONE)

(TOTAL AMOUNT OF PAYMENT) [CMPFX]

If paying by check, please return with check to:
(Please do not send cash)

Shenandoah University
Attn: Business Office
1460 University Drive
Winchester, Virginia 22601

Credit Card Payment:

Please Circle One: Visa Master American Express Discover

Name on Card: _____
(Please Print)

Card Number: _____ Exp. Date: _____

Card Holder Address: _____

Card Holder Signature: _____

Refund Policy: *All refunds will be available upon graduating or withdrawing from Shenandoah University. Please complete and submit to the Business office the OCS Refund form found at www.ShenandoahFlex.com.*