Cheque Mail-Out Authorization Form

Please complete ALL of the following fields.

First Name: ________________________________

Last Name: ________________________________

Student ID#: ______________________________

Phone #: ___________________________ Email: ________________________________

Mailing Address: ________________________________

City: ___________________________ Province: ________________________________

Postal Code: ______________________________

Signature of Applicant: ___________________________ Date: ___________________________

* Please circle one of the options below and include:

a) a self-addressed and stamped envelope; **or**

b) a cheque for $1.00; **or**

c) a loonie **or** US $1.00 bill

If providing a loonie, please **tape** the loonie here:

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