



## CHS CHECK PAYMENT STUB

Student Name (legal first and last): \_\_\_\_\_

Student School: \_\_\_\_\_

Potsdam ID #: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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**\*\*Please make checks payable to SUNY Potsdam\*\***

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**Please mail your payment to: SUNY Potsdam  
Attn: One Stop Office  
Raymond Hall 416  
44 Pierrepont Ave.  
Potsdam, NY 13676**