



First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

UIN: _____

Name of Bank: _____

Check Number: _____

Attach this cover sheet to check.

Make check payable to: UIC Wellness Center

Mail or drop off:

UIC Wellness Center

Student Center East

750 S. Halsted Street suite 238 M/C 894

Chicago, IL 60607