

Payment Card Application•Agreement

Cardholder Information			
PRINT			
Last Name	First Name		
Department	Cam	pus Phone	
Campus Address			
EMU E-mail Address		Last 4 Digits SSN	
My.emich Username			
Position	Division		
Reporting Authority	EMU E-mail Address		
Fund #	Organization #	Program #	
(For reallocating charges): Additonal Fund # Monthly Transaction Limit \$		Program # (If additional funds, please write on back)	
I consent to accept this Payment Card Agra contained in the Payment Card Procedures university business. In the event that there personal or not in conjunction with univers repayment of those funds. I also give my f the cost of such purchases deducted from r understand that the Payment Card is the pr university may suspend or revoke my use of In the event that I terminate my employme University Payment Card immediately, and with university policy and procedures will of money order.	eement, and I have read and s, and I agree that this Payme e are charges on the Universit sity policy and procedures, I full and free consent, if deen my university payroll accord coperty of Eastern Michigan of the Payment Card. ent with Eastern Michigan U d any charges that are deeme	agree to abide by all the requirements ent Card will only be used for official ty Payment Card that are deemed to be will be personally responsible for ned necessary by the university, to have ing to state and federal law. I also University and at any time the niversity, I agree to surrender my ed to be personal or not in conjunction	

Cardholder Signature	_Date	_/	_/
Reporting Authority Signature	_Date	_/	_/
Divisional Executive Signature	Date	_/	_/

Submit Completed Application to: Payment Card Office • Accounts Payable • 112 Hover Building 734.487.3600