



Declining Payment Card Application•Agreement

Last Name _____ First Name _____
My.emich Username _____ EID _____
Birthdate _____ Citizenship _____
Home Address _____
Campus Address _____ Campus Phone _____
E-mail Address _____ Last 4 Digits SSN _____
Position _____ Division _____
Reporting Authority _____ E-Mail Address _____
Card Limit \$ _____ Single Transaction Limit \$ _____ Card Exp.Date ____/____/____

I consent to accept this Payment Card Agreement, and I have read and agree to abide by all the requirements contained in the Payment Card Procedures, and I agree that this Payment Card will only be used for official university business. In the event that there are charges on the University Payment Card that are deemed to be personal or not in conjunction with university policy and procedures, I will be personally responsible for repayment of those funds. I also give my full and free consent, if deemed necessary by the university, to have the cost of such purchases deducted from my university payroll according to state and federal law. I also understand that the Payment Card is the property of Eastern Michigan University and at any time the university may suspend or revoke my use of the Payment Card.

In the event that I terminate my employment with Eastern Michigan University, I agree to surrender my University Payment Card immediately, and any charges that are deemed to be personal or not in conjunction with university policy and procedures will be deducted from my final pay check or paid via a personal check

Cardholder Signature _____ Date ____/____/____

Reporting Authority Signature _____ Date ____/____/____

Requesting Authority Signature _____ Date ____/____/____
(Only necessary if requesting department is not the department in which you are paid)

Divisional Executive Signature _____ Date ____/____/____

Submit Completed Application to: Accounts Payable/Payment Card • 112 Hover Building 734.487.0022