

**MIAMI UNIVERSITY
DECLINING BALANCE CREDIT CARD
CARDHOLDER APPLICATION FORM**

All requested information and signatures must be present on this document prior to the application being processed. A non-catalog order must be processed through Buyway for the amount of the card payable to JP Morgan Chase Bank, Vendor Code JPMCHBA, and the Product Description should be "Declining Balance Card for (Name of Cardholder). The application cannot be processed without the PO number

PO Number _____

Full Name of
Cardholder _____
First Middle Initial Last

Cardholder E-mail Address _____ Country of Citizenship _____

Workshop Name _____

Banner Plus Number _____ Mother's Maiden Name _____

Last 4 Digits of Social Security Number _____ Date of Birth _____

Dept Phone Number _____ Department _____

Home Address _____

Work Address _____

Workshop Banner Index _____ Account Number _____

Cardholder Signature _____

Date

Global Initiatives Signature _____

Date

Dept. Head Approval Signature _____
(Print& Sign)

Date

Per Transaction Limit _____ Card Limit _____

ATM Withdraw(s) not to exceed \$2500 total

Date Cards needed _____

Return forms to:
Accounts Payable
107 Roudebush Hall
Phone 513/529-9200
Email: mailto:mbrunner@miamioh.edu