



**SAINT MARY-OF-THE-WOODS  
COLLEGE  
COMMERCIAL CARD  
CARD HOLDER AGREEMENT**



**FIFTH THIRD  
COMMERCIAL CARD SERVICES**

# **SAINT MARY-OF-THE-WOODS COLLEGE**

## ***CARDHOLDER AGREEMENT***

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### **Participating Employee Acknowledgment of Responsibilities**

By participating in the Saint Mary-of-the-Woods College Commercial Card Program as a Cardholder, you assume responsibilities pertaining to the operation and administration of the Commercial Card Program. These responsibilities include but are not limited to the following:

The Saint Mary-of-the-Woods College Commercial Card is to be used for business expenditures only. The Commercial Card may only be used under the parameters and procedures established for the Commercial Card Program which are detailed in 'The Commercial Card Cardholder Guide'. The Saint Mary-of-the-Woods College Commercial Card may not be used for personal purchases, cash advances, alcoholic beverages or any other purchases not normally purchased by the College.

The Commercial Card will be issued in the name of the employee. By accepting the Card, the employee assumes responsibility for the Card and will be responsible for all charges made with the Card. The Card is not transferable and may not be used by anyone other than the Cardholder.

The Saint Mary-of-the-Woods College Commercial Card must be maintained with the highest level of security. If the Card is lost or stolen, or if the Cardholder suspects the Card or Account Number to have been compromised, the Cardholder agrees to immediately notify Fifth Third at (800-375-1747) and the Saint Mary-of-the-Woods College Commercial Card Administrator (Dawn Jones – Ext. 5123).

All charges will be billed and paid directly by Saint Mary-of-the-Woods College. On a monthly basis, the Cardholder will receive a statement listing all activity associated with the Card. This activity will include purchases and credits made during the reporting period. While the Cardholder will not be responsible for making payments, the Cardholder will be responsible for the verification and reconciliation of all Account activity.

Cardholder Accounts may be subject to periodic internal control reviews and audits designed to protect the interests of Saint Mary-of-the-Woods College. By accepting the Card, the Cardholder agrees to comply with these reviews and audits. The Cardholder may be asked to produce the

Card to validate its existence and produce statements and receipts to verify appropriate use.

Parameters and procedures related to the Commercial Card Program may be updated or changed at any time. Saint Mary-of-the-Woods College will promptly notify all Cardholders of these changes. The Cardholder agrees to and will be responsible for the execution of any program changes.

The Cardholder agrees to surrender and cease use of their Card upon termination of employment whether for retirement, voluntary separation, resignation or dismissal. In addition, the Cardholder must surrender and cease use of the Card in the event of transfer or relocation. The Cardholder may also be asked to surrender the Card at any time deemed necessary by management.

Misuse or fraudulent use of the Card may result in disciplinary actions and may be grounds for dismissal.

Thank You,

Dawn Jones

**Procurement Card Administrator**

***Level Limits Chart – (Please Indicate On Next Page)***

	<u>\$/Transaction</u>	<u>Transactions/Day</u>	<u>\$/Cycle</u>
Cardholder A	\$ 500	5	\$ 2,500
Cardholder B	1,000	10	5,000
Cardholder C	2,500	10	10,000
Cardholder D	Other – (Subject to approval per Controller)		

**CARD REQUEST INFORMATION:**

**Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**S.S. # or 9 digit I.D. #** \_\_\_\_\_

**Mother's Maiden Name** \_\_\_\_\_

**Card Holder Level** (Circle One) **A** **B** **C** (*See Program Guide Book*)

By signing below, I acknowledge that I have read and agree to the terms and conditions of this document. I certify that as a participating Cardholder of the Saint Mary-of-the-Woods College Commercial Card Program, I understand and assume the responsibilities listed above.

\_\_\_\_\_  
Employee Signature Title

\_\_\_\_\_  
Name (Print) Date

\_\_\_\_\_  
Department Head Signature Title

\_\_\_\_\_  
Name (Print) Date

\_\_\_\_\_  
Cabinet Member Signature Title

\_\_\_\_\_  
Name (Print) Date

**Card Administrator Acceptance:** \_\_\_\_\_ Date: \_\_\_\_\_

**Controller Approval:** \_\_\_\_\_ Date: \_\_\_\_\_