



**Notre Dame de Namur University**  
**Visa Check Card**  
**CARDHOLDER AGREEMENT**

1. I understand the card is for company-approved purchases only and I agree not to charge personal purchases.
2. Improper use of this card can be considered misappropriation of company funds. This may result in disciplinary action up to and including termination of employment.
3. If the card is lost or stolen, I will immediately notify Elan Financial Services at 1-800-344-5696. I will notify a program administrator.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
5. If the card is issued in my name, I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.

If the card is issued to my department, the card shall not be used by anyone outside of my department. Department cards shall be reconciled by either the budget manager or the primary cardholder whose employee ID was used to activate the card.

6. All charges will be billed directly to and paid directly by the company. The bank cannot accept any monies from me directly; therefore any personal charges billed to the company could be considered misappropriation of company funds.
7. I will receive a Monthly Reconciliation Statement (MRS), which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or Elan Financial Services at 1-800-344-5696.
8. The charges made against my card are automatically assigned to the cost center assigned to the card as specified by management. This code cannot be changed without management involvement. When changed, the new accounting code will not affect any charges made prior to the change but will affect future charges.
9. I understand the one card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the business and/or to provide for business travel. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position.
10. I will endeavor to obtain receipts, which reflect the amount of sale/use tax paid to the vendor and which detail the items purchased. These receipts will be attached to an 8 ½ x 11 sheet of paper.
11. I will follow the established procedures for use of the Visa Check Card and submit my Statement, with all receipts attached, to my Authorized Approver within five working days of distribution of cardholder statements. Failure to do so may result in revocation of my use privileges and/or may result either my purchases being reported as income to me or my purchases being considered personal purchases, therefore requiring me to reimburse NDNU.

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Employee Signature

\_\_\_\_\_  
Approving Manager Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Manager Printed Name

\_\_\_\_\_  
Date