



## Payment Card Agreement

If a card is lost or stolen, it is the Cardholder's responsibility to notify SunTrust Bank at (800) 836-8562, the Payment Card Program Manager and the Dean, Director or Approving Official **immediately**. If notification is not timely, the Cardholder or the Cardholder's school/administrative unit may be held responsible for payment of all unauthorized charges made to the lost or stolen card.

The Cardholder will be held accountable for all charges made to the Payment Card. When a Cardholder terminates employment with the University or transfers to another department, the Cardholder must return the Payment Card to the Department Approving Official. The Official is required to cut the card in two and forward the pieces to the Payment Card Program Manager.

Failure to adhere to any of the above responsibilities will result in revocation of individual Cardholder Payment Card privileges. Use of Payment Card for non-University, or other prohibited purchases, or allowing the Payment Card to be used by an unauthorized individual may result in disciplinary action, up to and including dismissal from employment and may in some circumstances also constitute a criminal act punishable by law. A list of prohibited items, for which the Payment Card is not to be used, can be found in the Payment Card Policy.

### **Cardholder**

As a Cardholder, I accept full responsibility for the protection and proper use of this Payment Card, as enumerated above and in the Payment Card Policy. If non-University charges are placed on the Payment Card, and repayment is not forthcoming immediately upon request, the University may deduct payment for these non-University and/or personal items from my paycheck.

Following termination of my employment with the University, I will continue to be financially responsible and legally liable to the University for all Non-University, personal, or prohibited transactions on my Payment Card by myself or with my knowledge including any reasonable cost of collection and attorney's fees.

Cardholder Signature

Date

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### **Dean, Director or Authorized Signer**

As a Department Dean, Director or Authorized Signer, I take full administrative responsibility for the action of the Cardholder and I approve the limits set forth for this card on the SunTrust Request.

Authorized Signer Signature

Date

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Revised: 03/16/15