



UFV Scotiabank Visa Cardholder Agreement

This form must be completed and submitted to Financial Services prior to picking up your Scotiabank Visa

Cardholder Information

Cardholder name: _____

Position/Title: _____

Card number: _____

Cardholder Agreement

Cardholder to read and initial each line:

I hereby acknowledge receipt of the above-mentioned Scotiabank Visa card (the "card") issued to me in my name as an employee of the University of the Fraser Valley (the "university") who is authorized to use the card in accordance with the policies and procedures of Scotiabank and the university. _____

I acknowledge that I have received, read and understand the university's policies, procedures, and guidelines for the card, as stated in the university's UFV Purchase Card Program handbook, and agree to abide by the stated procedures and operating guidelines. _____

I agree that I will be the sole user of the card issued and will use it only for paying eligible business-related expenses that relate to my position and responsibilities while I am employed by the university. I also agree to always keep my PIN separate from my card and not share it with anyone. _____

I understand that any abuse of the card procedures may result in disciplinary action being taken against me, up to and including termination of employment. _____

I understand that, pursuant to the agreement between the university and Scotiabank, the university and I are jointly and severally liable for all charges incurred by me. This liability does not apply to charges for which I have been reimbursed by the university as business-related expenses, or to charges that are unauthorized or incurred for personal purposes. _____

I understand that statements will be audited and non-compliance may result in card privileges being terminated at the discretion of Procurement Services and/or Financial Services. I understand that I must return the card to Financial Services upon termination of my employment. _____

I understand my obligation to review all transactions online each month and make any necessary changes to the budget and/or account codes prior to the submission deadline. _____

I understand that the reconciled Visa report, as well as approved expense reports, and all supporting documents must be submitted prior to the due date (21st of each month). _____

Cardholder Signature

I hereby agree that I have read and understood the rules and procedures outlined in the UFV Purchase Card Program handbook and will adhere to them. Misuse of the card may result in card privileges being terminated.

Cardholder name: _____

Signature: _____

Date: _____