

# UFV Scotiabank Visa Card - Cardholder Agreement

This form must be completed and submitted to Financial Services when picking up your Scotiabank Visa Card.



## CARDHOLDER INFORMATION

Cardholder Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Card #: \_\_\_\_\_

## CARDHOLDER AGREEMENT

Cardholder to read and initial each line

1. 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. \_\_\_\_\_
2. 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. \_\_\_\_\_
3. 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 keep my PIN separate from my Card at all times and not share it with anyone. \_\_\_\_\_
4. 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. \_\_\_\_\_
5. I understand, based on the agreement between the University and Scotiabank, that the University is jointly and severally liable with me for all charges incurred by me, except if the University has reimbursed me for business related charges, or the charges incurred are unauthorized or for personal reasons. \_\_\_\_\_
6. I understand that statements will be audited and non-compliance may result in card privileges being terminated at the discretion of Procurement and/or Financial Services. I understand that I must return the Card to Financial Services upon termination of my employment. \_\_\_\_\_
7. I understand my obligation to review all transactions online in CentreSuite each month and make any necessary changes to the budget and/or account codes prior to the submission deadline. \_\_\_\_\_
8. I understand that the reconciled CentreSuite report, as well as approved expense report, electronic and hard copy, and all supporting documents must be sent to Financial Services by 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: \_\_\_\_\_