



Corporate Visa Card Agreement

Accounts Payable Office

Send completed form and US Bank Application directly to Accounts Payable Office

EMPLOYEE NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

DEPARTMENT OF EMPLOYMENT AT EOU _____

HOME PHONE _____ DEPT PHONE _____

DATE OF BIRTH _____ SOC. SEC.# _____

This EOU Agreement is not valid unless fully completed and signed by the applicant. U.S. Bank reserves the right to make approval contingent based on their normal credit standards. This may entail making a credit bureau check. If you ask, U.S. Bank will tell you if a credit report was obtained and the name of the credit bureau that supplied it. By signing below you agree to be bound by the terms of the cardholder agreement that will be mailed to you if you are approved for an account.

By signing below, you agree to the following:

The U.S. BANK VISA card is to be used only for authorized University travel expenses. Misuse of the card may result in disciplinary action, to include termination of employment. I agree to surrender the card immediately upon separation from the University or upon request from the EOU Office of Business Affairs. EOU assumes no liability for this card. I assume sole liability for all charges made against this account and any other obligation arising from the use of the card and agree to indemnify EOU for any loss resulting from misuse, unauthorized use, or my failure to pay balances when due. I agree that any unpaid balance, **[unpaid balance being defined as any balance that is neglected to the extent that it will negatively affect the University or 90 days past due]** which could result in a write off against EOU from US Bank, may be deducted or withheld from my EOU wages or other amounts due me from EOU, to be paid directly to US Bank. I authorize EOU to make such withholding automatically from any amount due me by EOU, subject to due process. **[Due process will include: 1) ensuring the charges are valid (not fraud); 2) advising the cardholder and their supervisor of the balance in question and the timeline for next steps; 3) providing the opportunity for the cardholder with the unpaid balance to make the necessary payment on their own].**

I also agree that if my employment terminates before EOU has reimbursed me in full for my authorized travel expenses, EOU may pay US BANK directly the amount of my unreimbursed authorized travel expenses or final pay and seek reimbursement from me for any such amount. In the event I default on this agreement and it becomes necessary to place this account for collection, I also agree to pay collection fees, not to exceed 40% of the original principal balance, plus any court and/or attorney fees resulting from the enforcement of this agreement. Any collection fees stated above are in addition to the principal, fees and interest due on my account. If the card is lost or stolen, I agree to immediately notify both US BANK at 1-800-344-5696 and EOU Business Affairs at 1-541-962-3377.

APPLICANT SIGNATURE: _____

DATE: _____