

**Palomar Community College District
CARDHOLDER AGREEMENT**

Please review the terms stated below and sign:

I agree to use this card only for approved business expenses incurred in accordance with the District Procedures. I understand and acknowledge that use of the card may not be delegated to anyone other than myself as cardholder.

I agree to read the District Operating Procedures PU5 and/or PU7 and to abide by the procedures contained therein. I acknowledge that use of this card for any purpose other than PCCD approved business expenses is prohibited and is grounds for corrective action, up to and including termination. In addition, I must reimburse PCCD for such charges.

I agree to surrender the card immediately upon retirement, termination, or upon request of an authorized representative of PCCD Business Services Departments. I understand that use of the card after privileges are withdrawn is prohibited.

If the card is lost or stolen, I will immediately notify the issuing bank by telephone. I will confirm the telephone notification by mail or facsimile to the issuing bank with a copy to the Business Services Department. I understand that failure to promptly notify the issuing bank of the theft, loss, or misplacement of the credit card could make me responsible for any fraudulent use of the card.

Bank Contact:

US Bank I.M.P.A.C. Government Services
PO Box 6346
Fargo, ND 58125-6346
Customer Service: 800-227-6736
Fax: 701-461-3910

PCCD Business Services Department

Director, Business Services
1140 W. Mission Rd.
San Marcos, CA 92069-1487
760-744-1150 ext. 2125
760-471-7061

Cardholder _____
(print name)

Approving Official _____
(print name)

Signature _____

Signature _____

Date _____

Date _____

Dept. _____

Dept. _____

Phone No. _____

Phone No. _____