

DEPARTMENTAL COPY CARD AUTHORIZATION FORM

Department Name _____

Department Address _____

Department Phone Number _____

Contact Person Name _____

Contact Person University ID Number _____

Authorized Transfer Agents -The following people are authorized to transfer funds from fund account _____ - _____ - _____ (optional: section _____ project _____)

Authorized Transfer Agents: (may list up to 5 individuals)

Name _____ University ID# 600957 _____

Name _____ University ID #600957 _____

Name _____ University ID #600957 _____

Name _____ University ID #600957 _____

Name _____ University ID #600957 _____

Terms and Conditions:

Funds can only be transferred from the fund account listed on the application to the Departmental Copy Card by the responsible parties as listed above.

The cost of each Departmental Copy Card is \$4. Replacement cards cost \$20.

The minimum amount that can be transferred to the Departmental Copy Card Account in any one transaction is \$20.00.

The balance in the Departmental Copy Card Account can be no greater than \$250.00.

Funds transferred to the Departmental Copy Card Account must be used prior to the expiration or closure of the associated fund account. The balance on the Departmental Copy Card Account less a \$25 processing fee will be transferred to the originating fund account under the following conditions:

No activity in the Departmental Copy Card Account for 12 months.

Associated fund account is closed or expires.

The Departmental Copy Card program is discontinued.

By my signature I agree to the terms and conditions outlined above:

Department Chair

Office Use Only:

I certify that I am in receipt of Departmental Copy Card # _____

Signature _____

University ID Number: _____ Please retain a copy for your records