

BMO MASTERCARD APPLICATION FORM

Full Name: _____

Position: _____

Home Address: _____

Employee ID #: _____

Date of Birth: _____

Default

Fund - Org - Acct Code: _____

Monthly Limit: _____

***Per Transaction Limit:** _____

We authorize Ontario Tech University to issue a BMO MasterCard to the above named cardholder. We have read the Purchasing Policy and Procedures and the employee agreement terms below.

Signature: Budget Holder _____

Date _____

Signature: Chief Financial Officer _____

Print: _____

Print: _____

EMPLOYEE AGREEMENT

1. By Accepting the BMO MasterCard, through use or retention, from the University, I agree to assume responsibility in accordance with the terms and conditions stated below.
2. I understand that the card is for University approved purchases only and it will not be used for personal purchases under any circumstances. No pre-authorized payments are allowed except if it is approved by Finance - Manager Treasury & Financial Operations.
3. If the card is lost or stolen, I will immediately notify BMO MasterCard customer service by telephone. Please note the customer service number is on the back of each card. I will also notify the Card Administrative Coordinator via email at finops@uoit.ca so they can cancel the card in the system.
4. I agree to surrender the card immediately upon termination of employment whether due to voluntary or involuntary reasons or upon request from the Purchase Department or Budget Holder.
5. If relocated to another department/cost centre I will be required to submit a BMO MasterCard change request form to the Card Administrative Coordinator via finops@uoit.ca
6. The card is issued in my name and I will be the responsibility for any and all charges against the card ensuring that the charges do not exceed the appropriate University operating budget.
7. All charges will be billed directly to me, and paid by the University. The bank cannot accept any monies from me directly. Therefore, any personal charges billed to the University could be considered misappropriation of University funds.
8. The card is solely the University liability. I understand that I will be required to comply with internal control procedures designed to protect University assets.
9. I will receive a monthly Online BMO MasterCard statement which will report all activity during the statement period. Since I am responsible for all charges (but not the payments) on the card. I will resolve and discrepancies by contacting the supplier and/or Finance and will note the status on the MasterCard report.
10. I will submit my BMO MasterCard statement to accounting with proper account coding, manager's approval and all original receipts by the 5th day of each month. Failing to do so will result in the default account code used for the monthly statement and possibly a suspension on use of the card.
11. I will not make purchases for another cost centre or individual using the card in my name.
12. I understand that the card may be revoked at any time for violation of the above conditions.

I acknowledge the receipt of the BMO MasterCard # _____ and agree to the above

Employee Signature _____

Date _____

Employee Name (Print) _____

Finance Use Only

Card Issue Date: _____

Finance Department Signature: _____

Special Instructions (if any): _____