



## BANK OF AMERICA CARDHOLDER AGREEMENT

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### PARTICIPATING EMPLOYEE ACKNOWLEDGMENT OF RESPONSIBILITIES

This is a Bank of America MasterCard **Cardholder Agreement**.

By participating in the Pace University *Bank of America MasterCard* Program as a Cardholder, you **assume responsibilities** pertaining to the operation and administration of the Card Program. These responsibilities include but are not limited to the following:

The Pace University *Bank of America MasterCard* is to be used for **business expenditures** only. The Bank of America MasterCard may be used under the parameters and procedures established which are detailed in the Policies and Procedures Manual. The Pace University *Bank of America MasterCard* may not be used for personal expenses.

The Pace University *Bank of America MasterCard* will be issued in the name of the employee. By accepting the card, the employee assumes responsibility for the Card and will be responsible for all charges made with the Card. **The Card is not transferable and may not be used by anyone other than the Cardholder.**

The Pace University *Bank of America MasterCard* must be maintained with the highest level of security. **If the Card is lost or stolen, or if the Cardholder suspects the Card or Account Number to have been compromised, the Cardholder agrees to immediately notify Bank of America at 1-888-449-2273, their Pace University Business Representative and the Card Program Manager at 914-923-2642.**

All charges will be billed and paid directly by Pace University. **The Cardholder will be responsible for managing their transactions online via Chrome River. The Business Representative is responsible for the approval of Cardholder account activity via Chrome River.**

The Cardholder is responsible for verifying their transactions, but may also designate a **Delegate who can verify card purchases if the Cardholder is unable to do it themselves. Business Representatives may also designate a Delegate in the case of their absence. The cardholder will abide by the actions taken on their behalf by their assigned Delegate.**

Cardholder Accounts may be subject to periodic internal control reviews and audits designed to protect the interests of Pace University. By accepting the Bank of America MasterCard, the Cardholder agrees to comply with these reviews and audits. Parameters and procedures related to the Bank of America MasterCard Program may be updated or changed at any time.

The Procurement Services Department will promptly notify all Cardholders of these changes. The Cardholder agrees to and is responsible for the execution of any program changes.

**THE CARDHOLDER AGREES TO SURRENDER THEIR CARD TO THEIR SUPERVISOR AND TO CEASE USE OF THEIR CARD UPON TERMINATION OF EMPLOYMENT WHETHER FOR RETIREMENT, VOLUNTARY SEPARATION, RESIGNATION OR DISMISSAL.** In addition, the Cardholder must surrender and cease use of the Card in the event of transfer to another department. The Cardholder may also be asked to surrender the Card at any time deemed necessary by management.

**Misuse or fraudulent use of the Card may result in disciplinary actions and may be grounds for dismissal.**

By signing below, I acknowledge that I have read and agree to, the Terms and Conditions of this document and the Pace University *Bank of America MasterCard* Policy and Procedure Manual. I certify that as a participating Cardholder of Pace University *Bank of America MasterCard* Program, I understand and assume the responsibilities listed above.

**\*\*Please complete all information online and print for signature\*\***

**Card Type Requested: \***  
**(Select one only)**

**Purchasing Card**

**Travel Card**

**Purchasing/Travel Card Combination**

**Executive Card**

**Are you a university recruiter? \***

**Yes**

**No**

Employee (Cardholder): \*

U#: \*

Business Address: \*

Email: \*

Phone: \*

What university Division are you in? \*

\_\_\_\_\_  
Employee (Cardholder) Signature & Date \*

**Name: Business Representative of (Cardholder) \***

\_\_\_\_\_  
**Business Representative of (Cardholder) Signature & Date \***

**Name: Manager/Supervisor of (Cardholder) \***

\_\_\_\_\_  
**Manager/Supervisor of (Cardholder) Signature & Date \***

For Corporate Card Office Use Only

Date Card Ordered: