JMU Wells Fargo WellsOne

 VISA Commercial Credit Card

**STUDENT CARDHOLDER AGREEMENT**

I (1) , agree to the following regarding my use of the Wells Fargo Bank (WFB) WellsOne VISA Commercial Credit Card.

1. I understand that I am being entrusted with a powerful and valuable tool – a corporate credit card which functions as a declining balance card – and will be making financial commitments on behalf of James Madison University. I will strive to obtain the best value on behalf of James Madison University.
2. I will not allow others to use my WellsOne Card and will ensure that my WellsOne Card is kept securely at all times.
3. I agree that the WellsOne Card may only be used for official business and travel expenses.
4. I am aware my WellsOne Card has limits and I agree to track and to abide by those limits.
5. I understand that the purchase of alcoholic beverages with this card is prohibited.
6. I acknowledge the requirement to submit a copy of a completed Travel Authorization and WellsOne Funding Request to UBO in order to request funding on a WellsOne card.
7. I agree that if I violate the terms of this Agreement and use the WellsOne Card inappropriately, I will be required to reimburse James Madison University for all incurred charges and any fees related to the collection of those charges, including failure to return the card as required by the University. I further understand these charges and/or fees may be added to my student account. There will be a $25 card replacement fee charged to my student account for any card not returned as required by the University.
8. I understand that failure to follow these procedures may result in revocation of my use privileges.

\_\_\_\_\_\_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(5)**

Student Name (Print) Phone

\_\_\_\_\_\_\_\_\_\_(3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(6)**

Student Name (Signature & Date) Email

\_\_\_\_\_\_\_\_\_\_(4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(7)**

Student ID# Team or Department