

**Occidental College  
Visa Card Program  
Application**

Prior to completing this application, please read the Visa Card Program Policy. Cardholder must be a full time employee (this program is not for students, contractors, or temporary employees). Once completed, this application should be returned to the Visa Card Program Administrator in the Business Office.

**Section to be completed by Employee**

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Employee Name (as it will appear on the Community Bank Visa Card)

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Statement Address (campus address where the monthly statements will be sent)

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Employee ID Number

Employee Extension

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Employee Department

Employee Supervisor Name

Please describe the purpose(s) for which you will use the Visa Card:

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Employee Signature

Date

**Section to be completed by Employee's Vice President**

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Vice President Name

Credit Limit Requested\*

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Vice President Signature

Date

\*Purpose(s) for credit limit exceeding \$1,500.00:

**Section to be completed by Program Administrator**

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Program Administrator Signature

Date

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Controller Signature

Date

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Visa Card Agreement Received (Date)

Card Received by Employee (Date)