

**Occidental College
Visa Card Program
Cardholder Agreement**

I, _____, agree to comply with the following terms and conditions regarding the Occidental College Visa Card issued through Community Bank.

I understand that the College is liable to Community Bank for all charges made to the card. I further understand that the College will pay the card's annual dues and may cancel this program at any time.

I agree to comply with the terms and conditions of (a) this cardholder agreement, (b) the Occidental College Visa Card Program Policy, (c) the Community Bank cardholder agreement (provided with the Community Bank Visa Card), and (d) all College expenditure policies.

Initial I agree to use the card for business purchases only and agree not to charge personal purchases. I understand that the Visa Card Program Administrator will audit the use of this card and report any discrepancies to the Controller with the College taking appropriate action. I further understand that this card is issued pursuant to a contract between the College and Community Bank, and accordingly, a College representative has the authority to access transactions posted to my card and/or to obtain support documents directly from a vendor.

Initial I confirm that I have been given a copy of the Occidental College Visa Card Program Policy and am fully aware of my cardholder responsibilities. I agree that on a monthly basis, I will (a) review all statement transactions for accuracy, (b) complete the Visa Card Expense Report for all items purchased and include original receipts for all purchases, (c) have the completed Visa Card Expense Report reviewed and approved by my supervisor or other authorized approver, and (d) submit the approved Visa Card Expense Report to the Visa Card Program Administrator within fifteen (15) days of receipt of the card statement.

I understand that improper use of the card may result in disciplinary action, up to and including termination of employment. Should I fail to use this card properly, I understand that I will be held liable for the amount equal to the total of the improper purchase(s).

I agree to return the card immediately upon request or upon termination of employment.

I agree to notify the Visa Card Program Administrator and Community Bank immediately if my card is lost or stolen.

Employee Signature _____ Date _____

Employee ID Number _____ Employee Extension _____ Employee Department _____

Program Administrator Signature _____ Date _____

Controller Signature _____ Date _____