

EMPLOYEE NAME: _____		
HOME ADDRESS: _____		
CITY _____	STATE _____	ZIP CODE _____
DEPARTMENT OF EMPLOYMENT AT OSU: _____		
HOME PHONE # _____	DEPT PHONE # _____	
DATE OF BIRTH: _____	OSU ID#: _____	

This OSU Agreement is not valid unless fully completed and signed by the applicant. US BANK has informed OSU that it reserves the right to make approval contingent based on their normal credit standards. This may entail making a credit bureau check. OSU understands, but does not guarantee, that if you ask, US BANK will tell you if a credit report was obtained and the name of the credit bureau that supplied it. By signing below you agree to be bound by the terms of the cardholder agreement that will be mailed to you if you are approved for an account.

By signing below, I agree to the following:

The US BANK VISA card is to be used only for authorized University-related travel expenses. Misuse of the card may result in disciplinary action, to include termination of employment. I agree to surrender the card immediately upon separation from the University or upon request from the OSU Office of Business Affairs. OSU assumes no liability for this card - I assume sole liability for all charges made against this account and any other obligation arising from the use of the card and agree to indemnify OSU for any loss resulting from misuse, unauthorized use, or my failure to pay balances when due. I agree that any unpaid balance. ***“Unpaid balance” is any balance that is neglected to the extent that it will negatively affect the University (180 days or more past due)*** which could result in a write off against OSU from US Bank, may be deducted or withheld from my OSU wages or other amounts due me from OSU, to be paid directly to US Bank. By signing this agreement I authorize OSU to make such withholding automatically from any amount due me by OSU, subject to due process. ***“Due process” will include: 1) ensuring the charges are valid (not fraud); 2) advise the cardholder and their supervisor of the balance in question and the timeline for next steps; 3) provide the opportunity for the cardholder with the unpaid balance to make the necessary payment on their own.*** I also agree that if my employment terminates before OSU has reimbursed me in full for my authorized travel expenses, OSU may pay US BANK directly the amount of my unreimbursed authorized travel expenses or final pay and seek reimbursement from me for any such amount. If the card is lost or stolen, I agree to immediately notify both US BANK at 1-800-344-5696 and OSU Business Affairs at 1-541-737-4262.

APPLICANT SIGNATURE _____

DATE _____