usbank Canada

St. Francis Xavier University

VISA PURCHASING CARD

Employee Card Application

REQUEST TYPE

Please check one

- ☐ Issue Plastic / Emettre une carte
- ☐ Do Not Issue Plastics / Ne pas emettre de carte

Please check one

- ☐ English/Anglais
- ☐ Francais/French

Account Number (For Bank Use Only): 4 7 1 5 1 6

Additional Comments/Instructions

Iloan (for Bank Use Only): 0 0 0

Complete ALL information Fields Below Unless Indicated Otherwise

EMPLOYEE INFORMATION

First & Last Name **(Maximum 19 characters)**

Embossing: S T F X U N I V E R S I T Y

Department (Client use only)

Department Address

Default Accounting Code: -

City: A N T I G O N I S H

Province: N S

Postal Code: B 2 G 2 W 5

Home Phone: 9 0 2

Employee Number

Business Phone: 9 0 2

Fax Number (Client use only): 9 0 2

E-mail Address (Client use only)

Password (For cardholder validation)

Monthly Credit Limit: 1 0 0 0 0

Single Transaction Limit: 1 5 0 0

Cash Advance%: 0

UNIT INFORMATION

Corporate Billing Information

Company Number Bank Assigned

Division (Numeric)

Department (Numeric): 0

COMPANY AUTHORIZATION

Employee Signature _____ Date _____

Approving Manager's Signature _____ Date _____

Plan Administrator Signature _____ Date _____

(Cathy Mason or Beverly Williams)

Plan Administrator Signature _____ Date _____