

**INTERNAL ACCOUNT
PROCUREMENT CARD
CARDHOLDER AGREEMENT**

Please review the terms stated below, sign, date, and return to your Principal or Department Head. You will receive a copy for your records. Please note that this Cardholder Agreement also acts as your signature card and will be kept on file in the Procurement Department.

I, _____ hereby acknowledge receipt of a Regions Bank Visa Internal Account Procurement Card, card number _____ (the "Card"), in good condition, with both the School District's name and mine appearing on the face of the Card. I have verified the information contained thereon and attest to its accuracy.

I have read and understand the Escambia County School District Internal Accounts Procurement Card Procedures. I agree to accept responsibility for the protection and proper use of the Card in accordance with the above referenced instructions, policies, and procedures. I understand that my use of the Card is subject to audit by the School District, that my purchases with the Card are limited to the number of transactions per day and dollar amounts per day as set forth in the policies and procedures or limited by my Principal or Department Head, and that the Card is not to be used to purchase certain commodities as outlined in the policies and procedures. I further understand that I am authorized to purchase only for _____ and that all purchases must be for official business on behalf of the School District.

I agree to immediately notify my Principal or Department Head and Card Manager, the Procurement Department and, by telephone (at the numbers listed below), Regions Bank if the Card is lost or stolen. I also agree to immediately notify my Principal or Department Head if my card has been used for unauthorized purposes. I understand that failure to immediately notify my Principal or Department Head of unauthorized charges could make me responsible for charges resulting from fraudulent use of the Card.

Bank Contact: Regions Bank

Lost or Stolen (24hrs.):

1-888-934-1087

Cardholder Agreement continued

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The improper or unauthorized use of the Card by the Cardholder, may result in any or all of the following: suspension or termination of the Card and all associated Cardholder privileges, deduction from pay any charges resulting from the improper or unauthorized use of the Card, and **TERMINATION OF EMPLOYMENT** with the Escambia County School District, Florida. The appropriate disciplinary action for misuse of the Card will be dispensed in accordance to School Board Policy and based on the recommendation of the Superintendent of Schools.

In the event of improper or unauthorized use of the Card by Cardholder, the Cardholder herein authorizes the Escambia County School District to (i) deduct from my wages or from any other amounts payable to me, an amount equal to the total charges for improper or unauthorized purchases with the Card, even if I am no longer employed by the District and (ii) audit my use of the Card.

In the event the District prevails in legal proceedings initiated to recover amounts owed by the Cardholder, I agree to pay court costs, reasonable attorney's fees and other expenses incurred by the District in such proceedings.

I understand that the District may suspend or terminate my privileges to use the Card at any time for any reason. I agree to surrender the Card immediately upon retirement, termination of employment, termination of Cardholder privileges, or upon the request of my Principal or Department Head, the Procurement Card Administrator or Issuer or an authorized representative of Regions Bank. I understand that use of the Card after Cardholder privileges have been suspended or terminated is prohibited, and that I will be held responsible for charges resulting from such use.

Signature: _____ Date: _____

Print Name: _____ SSN#: XXX - XX - _____

School/Department: _____

Program Administrator Use Only

Approval _____

Date: _____