



Application For New Account

LOCAL GOVERNMENT ACCOUNT SET UP FORM

The Entity Program Coordinator and the Cardholder must complete and sign this form. The Entity below agrees to be bound by the terms and the conditions of the Local Government Purchasing Card Participation Agreement and to be responsible for all charges made by this cardholder in accordance with the terms of this agreement.

(1) CARDHOLDER INFORMATION

Entity Name _____ County Name _____

Billing Account Name _____
(Maximum 21 characters)

Cardholder Name _____
(Maximum 21 characters)

4TH Line Embossing Declining Balance Tax ID# _____
(Maximum 10 characters) (Maximum 9 characters)

Cardholder Statement Mailing Address _____
(Maximum 21 characters)

City, State Zip _____

Cardholder Business Telephone Number _____ Fax Number _____

Home/Cell Number _____ Email Address _____

DOB _____ (MMDDYY) Mother's Maiden Name _____

(2) CARD TYPE

P Card Ghost Account Declining Balance FLEET Driver FLEET Vehicle

If card type is Fleet, a Fleet Driver or Vehicle Information Sheet must accompany this application!

AUTHORIZATION / REPORTING PARAMETERS

(3) ACCOUNT INFORMATION

Credit Limit _____ Single Transaction Limit _____ # of Transactions Per Day _____

Card Restrictions (if any) _____

Level Descriptions _____
(Level 3) (Level 4) (Level 5) (Level 6) (Level 7)

CARDHOLDER SIGNATURE

(4)
I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the United Bank Local Government Purchasing Card Account Agreement that will accompany the card. I understand that it is my responsibility to notify United Bank at 800.242.7600 and my Program Coordinator immediately if my card is lost or stolen.

*Cardholder Signature _____ Date _____

PROGRAM COORDINATOR SIGNATURE AND CONTACT INFORMATION

(5)
Program Coordinator's Signature _____ Date _____

Program Coordinator's Name (printed) _____ Date _____

Program Coordinator's Business Phone Number _____ Fax _____

PC Sec ID # _____ (issued by WWSAO)

WWSAO Purchasing Card Administration Signature _____ Date _____

**WEST VIRGINIA LOCAL GOVERNMENT
PURCHASING CARDHOLDER AGREEMENT**

This agreement outlines the responsibilities I have as a holder of the West Virginia Local Government Purchasing Card. My signature indicates I have read and understand these responsibilities and that I agree to adhere to West Virginia Code §6-9-2c and rules promulgated thereunder, to the Local Government Purchasing Card Policies and Procedures, and any applicable purchasing guidelines.

1. I understand that the Purchasing Card is solely for official business of Local Government Entity, intended to facilitate the payment of goods and services, for conducting official business within applicable activity limits and is not for my personal use.
2. I understand that the use of the Purchasing Card for payments not authorized within the Local Government Policies & Procedures will be considered misuse of the Purchasing Card and will be grounds for (a) immediate forfeiture of the Purchasing Card (b) disciplinary action which may include termination of my employment and (c) conviction of a felony. I understand that I am personally liable for any payments not authorized by the spending unit and permitted within the Local Government Policies & Procedures.
3. I understand that all charges will be billed directly to and paid directly by the Local Government Entity and that United Bank cannot accept payments from me personally.
4. I understand that the Purchasing Card is issued in my name and I am responsible for maintaining the security of the card and for all charges made by or authorized by me against it. I understand and agree that I will not give the card bearing my name to any other person to use either on my behalf or someone else's.
5. I will keep my card safe at all times with appropriate security from the time I receive the card until such time as my card is surrendered to United Bank or my Local Government Program Coordinator. If my Purchasing Card is lost or stolen, I agree too immediately notify United Bank at 1.800.242.7600 or 1.800.VISA911 and my Local Government Program Coordinator.
6. I agree to follow the West Virginia State Law, purchasing guidelines of my Local Government Entity and established Policies & Procedures.
7. I understand that the Purchasing Card must be surrendered upon request and/or upon my termination of employment from the Local Government Entity.
8. I understand that I must receive training on card usage and policies and procedures prior to using the Local Government Purchasing Card.
9. I understand and agree that the Local Government Purchasing Card is not to be used for cash, cash credits or cash advances.
10. I understand that my Program Coordinator will activate my card on my behalf.
11. I understand that it is necessary to provide United Bank with certain personal information that will be used only to verify my identity and for security reasons.
12. I understand that it is a violation of policy to manipulate the ordering, billing, or payment process in order to circumvent established cardholder limits
13. I understand it is my responsibility to save all receipts for transactions posting to my Local Government Purchasing Card and that United Bank does NOT have copies of those receipts.
14. I understand and agree that I will immediately notify my Program Coordinator and/or United Bank of any disputed items appearing on my monthly bill. I further understand that telephoning will not preserve my rights and that I must follow up in writing to United Bank within 60 days of the date of posting or may lose my rights to dispute the item(s).
15. I agree that, should I violate the terms of the Purchasing Cardholder Agreement, I will reimburse my Local Government Entity for all charges improperly authorized by me to the Purchasing Card and all costs incurred by the Local Government Entity and United Bank related to the collection of such charges.

*Cardholder Signature: _____ Date: _____

Cardholder Name (please print) _____

Local Entity Name _____

**Program Coordinator's Signature: _____ PIN: _____
(Issued by WVSAO)

*Cardholder must sign and forward this form prior to issuance of a purchasing card.

**Program Coordinator will forward a copy of this form to the Regional Representative of the WV State Auditor's Office, Purchasing Card Program.

Yellow - Cardholder Signature
Orange - Program Coordinator Signature