

Declining Balance Visa Card Student Agreement



I, _____ acknowledge receipt of a College issued Declining Balance Visa card in the amount of \$ _____ issued on _____.
(M/D/Y)

I understand that I am responsible for obtaining original receipts for all purchases placed using my Declining Balance Visa card. I agree to retain and attach original receipts to the Visa statement that I will be issued by a Works Administrator via my Saint Mary's email account. I will obtain my Manager's signature (who signed my Request form) on the statement and submit to the Business Office within fifteen (15) business days of statement issuance, along with my Visa card.

Student Account Authorization

Should I fail to submit my Visa statement with all receipts and my Manager's signature by the required due date, I understand my student account will be charged for the full Declining Balance Visa card amount stated above as well as any potential increases which should be required for stated business purpose on my Declining Balance Request form.

Student Signature

Date