

DECLINING BALANCE CARDHOLDER APPLICATION

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PRESENT ON THIS DOCUMENT PRIOR TO THE APPLICATION BEING PROCESSED. A NON-CATALOG ORDER MUST BE PROCESSED THROUGH BUYWAY FOR THE AMOUNT OF THE CARD PAYABLE TO **BANK OF AMERICA**, VENDOR CODE **BANAMER**, AND EACH PRODUCT DESCRIPTION LINE SHOULD BE "DECLINING BALANCE CARD AND NAME OF EACH CARDHOLDER. THE APPLICATION CANNOT BE PROCESSED WITHOUT THE PO NUMBER.

PO Number _____

Travel Start Date ____/____/____

Travel End Date ____/____/____

Full Name of Card Holder _____

Cardholder E-mail Address _____

Banner Plus Number + _____

5-Digit Activation Code: _____

(9 plus the last four digits of Banner +)

Work Address _____ Office Phone _____

Workshop Name _____

Workshop Index Code _____ Account Number _____

Department Name _____ Cell Phone _____

Cardholder Signature _____

Dept. Head Approval Signature _____

Global Initiatives Signature _____

Per Transaction Limit _____ Card Limit _____

Date Card is Needed ____/____/____

ATM Withdraw(s) **not** to exceed \$2500 per card

RETURN ORIGINAL FORM TO:

ACCOUNTS PAYABLE
107 ROUDEBUSH HALL
513-529-9200

QUESTIONS- EMAIL: ACCOUNTSPAYABLE@MIAMIOH.EDU



ACCOUNTS PAYABLE | (513) 529-9200