



**WELLS FARGO ONE CARD PROGRAM
CARD ACCOUNT APPLICATION AND MAINTENANCE FORM**

**INSTRUCTIONS FOR COMPLETING THIS FORM
PLEASE TYPE FORM, EXCEPT SIGNATURES**

**Please complete the "Reason for Request" for the Wells Fargo One Card Program on the application.
Forms received without this information will be returned.**

SECTION 1

Type of request: Please select one option and complete fields as necessary. Please note that all accounts must have an Executive Director or higher level of approval.

1.1 New Account: Regular or Declining Balance

Regular - A regular VISA card is issued with a monthly credit balance that renews at the close of every billing cycle.

Declining Balance Card - A VISA card is issued with a maximum amount that may be spent within a specific time period. The amount does not renew at the close of each monthly cycle. Once the ending date arrives or the amount is used, the card is closed. These would typically be used in place of a cash advance.

1.2 Change to Account - this would apply to any change to the application (reconciler, approver, secondary approver, credit limit, account number)

1.3 Account Closure - When a cardholder is no longer with the University. Please turn in credit card to Human Resources. They will then notify Accounts Payable regarding the account closure.

SECTION 2

2.1 If box 1.2 was marked in Section 1, please fill in last 8 digits of credit card information.

2.2 If box 1.2 was marked in Section 1, please fill in name as shown on credit card.

SECTION 3

3.1 Name to appear on card: Please give name as it appears on your identification card used for verification.

3.2 Email address: Preferably an APU email address but should be the address to where you frequently review your emails. All correspondence from Accounts Payable and Wells Fargo will be sent to you via email including monthly statement notification.

3.3 Job title: Current position title at APU.

3.4 Last 5 digits of Social Security Number: Required by Wells Fargo as verification on your account.

3.5 Department Name: Please give your current department name

3.6 Department account #: 7 digits required only (fund & department) if account starts with 15 or 16, please Add 5 digit project number.

3.7 Reconciler name/email/SS#: You may choose your administrative assistant or other employee to serve as the person to reconcile your monthly statement on-line. Otherwise, you will be the only person allowed to access and reconcile your statement on a monthly basis. Both the cardholder and reconciler will have access to the account.

- 3.8 Approver name/email/SS#: Please indicate your budget manager/supervisor name and email address to which your statement will be sent for approval.
- 3.9 Secondary approver /email/SS#: Please indicate your next level of approval should your immediate supervisor be unavailable to approve these transactions on-line. A secondary approver is now required in order to process the Wells Fargo card account application.

SECTION 4

- 4.1 Regular card credit limit: Request the desired amount that could possibly be spent in one month.
- 4.2 Regular card single transaction limit: Request the desired amount for a single transaction. The purpose would be if the manager would like another form of security on the card.
- 4.3 Maximum transactions per day: This is optional if you would like to set a limit of how many times the card may be used in one day.
- 4.4 Maximum dollar spent per day: This is optional
- 4.5 Declining balance card amount: This amount will reduce as monies are spent and will not renew.
- 4.6 Declining balance card end date: The date this card should expire.

SECTION 5

- 5.1 Employee cardholder signature: By signing this application you are indicating your desire to hold a VISA credit card issued to you by APU and Wells Fargo Bank. Please know that this card account will not be connected to your personal credit history, but you will be required to attend training and adhere to the policies and procedures for the use of this card as it will be university property.
- 5.2 Cardholder's Supervisor signature and title: Your direct supervisor must approve of this request.
- 5.3 The Executive Leadership Team has established that each request must have an approval from one of these levels: Executive Director, Dean, Vice-Provost, Vice-President or President
- 5.4 The Executive Director of Finance will give the final review and approval on all requests before processed by the Program Administrator.

If you need cash access, please contact your program administrator to discuss the process for this request.

PRINT FORM AND EITHER CAMPUS MAIL OR SCAN TO ACCOUNTS PAYABLE AT AccountsPayable@apu.edu
APPROPRIATE SIGNATURES MUST BE COMPLETED

Please check one

- Faculty Student
- Staff Temp
- Adjunct



Wells Fargo One Card Program
Card Account Application and Maintenance Form

PLEASE SEE INSTRUCTIONS ON PAGE 2 - ALL ITEMS MUST BE COMPLETED

REASON FOR REQUEST:

SECTION 1: TYPE OF REQUEST (CHOOSE ONE)

- 1.1 New Account: (complete section 3, 4 & 5) Regular Declining Balance
- 1.2 Change to Account: (complete sections 2 and section 3 or 4 depending on what needs to be changed & always section 5)
reconciler, approver, secondary approver, credit limit, account number
- 1.3 Account Closure: (please turn in card to Human Resources so they can amend their records)

SECTION 2: FOR CHANGES TO CURRENT ACCOUNTS ONLY:

2.1 Fill in last 8 digits of card account number:

2.2 Fill in current name on card:

SECTION 3: CARDHOLDER & APPROVER INFORMATION

3.1 Name to Appear on card 3.2 Email address

3.3 Job Title 3.4 Last 5 digits of SS Number

3.5 Department Name 3.6 Department Number

3.7 Reconciler Name/Email addr./Last 5 digits of SSN

3.8 Approver Name/Email addr./Last 5 digits of SSN

3.9 Secondary Approver Name/Email addr./Last 5 digits of SSN
(Secondary approver required)

SECTION 4: CREDIT LIMITS (if you need other limitations, please contact Accounts Payable)

4.1 Regular Card Monthly Cr. Limit 4.2 Regular Card Single Transaction Limit

4.3 Maximum Transactions Per Day 4.4 Maximum Dollar spend Per Day

4.5 Declining Balance Card Amount 4.6 Declining Balance Card End Date

SECTION 5: AUTHORIZATIONS

5.1 Employee Cardholder Signature _____
Print Name _____

Date

5.2 Cardholder's Supervisor Signature & Title _____
Print Name _____

Date

5.3 Executive director/Dean/VP Level of approval _____
Print Name _____

Date

5.4 Finance Approval _____

Date

PRINT THIS FORM ONCE COMPLETED AND OBTAIN SIGNATURES. YOU MAY SCAN THIS TO AccountsPayable@apu.edu

This form is PDF ready, it may be typed or handwritten. **SIGNATURES MUST BE COMPLETED**