



University
of Victoria
ONECard

GUESTCard purchase via FAST

Loading funds to an existing ONECard via FAST

*** PLEASE ALLOW 24 HOURS FOR PROCESSING / WE CAN NOT ACCEPT A RESEARCH ACCOUNT BILLING #3 _____**

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last / First

Phone#: _____ Email : _____

Date Required: _____ # of Cards Required: _____ Amount \$ per card: _____ = Total \$ Ordered: _____

FUND LOAD NFORMATION

Would you like Single Card (s)? Yes No

Would you like to add the funds to an existing cardholder? Yes No

Adding funds to an existing V0#?

Please attach an excel spreadsheet with the V0#'s in a column and dollar amount in the next column, we do not check the name against the V0# so please ensure you provide us with the correct V0#.

	A	B
1	V00696872	20
2		

DISCLAIMER AND SIGNATURE

I declare that the above information is correct and agree to the ONECard cardholder agreement set for this card. By signing this form, the applicant agrees that the FAST Account charge will comply with all university policies, the Hospitality Expenditure Policy and the ONECard Agreement. We can not accept a research account for billing via FAST.

Charge Fast

ACCOUNT NAME: _____ FUND# _____ ORG# _____ ACCT# 7283 ACTV# _____

Authorized FAST Account Signature: _____ Date: _____

Authorized FAST Account Printed Name: _____

Designated individual for pick-up*: _____ Date for Pick-up: _____

** Individual identified above must present valid identification*

OFFICE USE ONLY

Activated in BBTS: Yes No Journal Code FJ# _____ Date processed in FAST: _____

Card #'s assigned: _____

Designated signature for pick-up: _____ Date: _____

ONECard staff signature: _____ Staff printed name: _____