DCCARD

Today's Date: _____   Department: _____

Your Local: _____   Email: _____

Fast Account: _____

| FUND (REQUIRED) | ORG (REQUIRED) | SUBCODE (REQUIRED) | ACTIVITY (OPTION) | PROGRAM (OPTION) |

Card Activation Date: _____   Card Deactivation Date: _____

Name on Card(s):   1 _____

2 _____   3 _____

4 _____   5 _____

Department Local: _____

ACCOUNT HOLDER SIGNATURE: _____

Digital Signature Accepted. If unavailable please sign and fax form to 250.472.4785

Account Holder Local: _____

University Food Services reserves the right to alter or cancel card when/if applicable. I declare that the above information is correct and agree to all rules and standards set for this card.

Agreement Signature: _____

Digital Signature Accepted. If unavailable please sign and fax form to 250.472.4785

Office Only

Card Number(s):   1 _____

2 _____   3 _____

4 _____   5 _____

Clerk Initials: _____   Date: _____

Payment Received: ☐   Copy of Journal(s) attached: ☐   Form Complete: ☐   Received Card ☐