



DEPTCard Application

Applicant Information

Full Name: _____ Date: _____
Last First

Department: _____
Name Building Location

Local: _____ Email _____

Date Required: _____ # of Cards Required: _____ Credit Amount: \$ _____

FAST Account: _____

Do you have signing authority on this FAST account? YES NO If no, who?
[] [] _____

Authorized FAST Account Signature: _____
Print Name/Title: _____

One over one Approver Signature: _____
Print Name/Title: _____

Disclaimer and Signature

University Food Services reserves the right to alter or cancel card when/if applicable at any time. By signing this form, the applicant agrees that the DEPTCard will only be used for university business. Charges to the DEPTCard will comply with university policies and the DEPTCard Terms and Conditions as published on the University Food Services.

Signature: _____ Date: _____

University Food Services ONLY

Card # Assigned: _____

Created by: _____

Date picked up: _____

Comments: _____