



**APPLICATION FOR BANK OF AMERICA PURCHASING CARD DEPARTMENT DESIGNEE**

**Section 1: Designee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CSU Employee ID #: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Section 2: List of Cardholders Under This Department Designee**

Name: \_\_\_\_\_ CSU Employee ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

Name: \_\_\_\_\_ CSU Employee ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

Name: \_\_\_\_\_ CSU Employee ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

Name: \_\_\_\_\_ CSU Employee ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

Name: \_\_\_\_\_ CSU Employee ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

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Name: \_\_\_\_\_ CSU Employee ID #: \_\_\_\_\_ Dept: \_\_\_\_\_

**Section 3: Signatures**

Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Purchasing Use Only**

Please send completed form to [p.card.application@csuohio.edu](mailto:p.card.application@csuohio.edu)