

# Case Western Reserve University

## CASE CHARGE ACCOUNT TERMS & CONDITIONS

This account is for people on the regular CASE payroll. Employees paid by voucher or by other institutions are not eligible to open a CASE Charge Account, but may set up a CASE cash Account

1. This contract is between the individual named below (the employee) and Case Western Reserve University. By signing below and providing the information requested, the employee activates his/her CASE Charge Account and agrees to be bound by the terms and conditions governing its use.
2. A full-time employee may charge up to \$250.00 per month. An employee with part-time status may charge up to \$100.00 per month. This contract will serve as authorization for CASE to deduct from the employee's salary the full amount of purchases charged at authorized locations on and off the CASE campus. No interest will be charged on the outstanding balance during the month.
3. CASE or the employee may cancel this contract at any time. Cancellation and/or termination of employment will not relieve the employee of the obligation to pay any outstanding balance due.
4. The employee must present his/her ID in order to charge purchases to the Account. The Account is non-transferable. The employee may pay for a guest's transaction by way of his/her account, but may not permit any other person to use his/her ID. Additional identification may be requested by the cashier. The employee may be required to sign a receipt for goods.
5. Should the employee's ID be lost, stolen, or damaged, it should be reported to the Access Services as soon as possible. The employee assumes all responsibility for purchases made with his/her ID until Access Services is notified.
6. The CASE charge balance resets on the 2<sup>nd</sup> Tuesday at midnight. Register your ID card online @ [www.caseonecard.com](http://www.caseonecard.com) and check you balance.

### PLEASE PRINT CLEARLY

ID No. \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Date of Hire \_\_\_\_\_

Department \_\_\_\_\_

Full Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I have read the above contractual information and accept the terms and conditions as set forth.*

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

Return this contract to **ACCESS SERVICES (Crawford Hall, Lower Level)**  
**10900 Euclid Avenue**  
**Cleveland, Ohio 44106-7084**  
**Telephone: (216) 368-CARD(2273)**  
**Fax: (216) 368-1036**

### **FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Completed by \_\_\_\_\_