

Case Western Reserve University
CaseCHARGE ACCOUNT TERMS & CONDITIONS

This account is for employees on the regular CWRU payroll. Employees paid by voucher or by other institutions are not eligible to open a CaseCharge Account, but may set up a CaseCash Account.

1. This contract is between the individual named below (the employee) and Case Western Reserve University. By signing below and providing the information below, the employee activates his/her CaseCharge Account and agrees to be bound by the terms and conditions governing its use.
2. This contract will serve as authorization for CWRU to deduct from the employee's salary the full amount of purchases charged at authorized locations on and off the CWRU Campus. No interest will be charged on the outstanding balance during the month.
 - a. A full-time employee may charge up to \$250.00 per month.
 - b. An employee with part-time status may charge up to \$125.00 per month.
3. CWRU 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. Upon request, the employee must present his/her University ID in order to charge purchases to the account. The account is non-transferable. The employee may pay for a guest transactions by way of his/her account, but may not permit any person to use his/her University 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 University ID be lost, stolen or damaged, it should be reported to Access Services as soon as possible. The employee assumes all responsibility for purchases made with his/her University ID until Access Services is notified.
6. The CaseCharge balance resets each month on the 2nd Tuesday of the month at Midnight and the balance owed deducted from the end of the month payroll check.
7. Register your University ID card online at www.caseonecard.com to check your balance and view account information.

PLEASE PRINT CLEARLY

ID No. _____ Full-Time Part-Time Date of Hire _____

Department _____ Email Address _____

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 **Auxiliary Services (Yost Hall, Rm 35)**
10900 Euclid Avenue
Cleveland, OH 44106-7075
216-368-5844

FOR OFFICE USE ONLY:

Date Received: _____ Date Completed: _____ Completed By: _____