

DEPARTMENTAL MEAL CARD APPLICATION

Department: _____

Card Holder: _____

Campus Address: _____

Extension: _____ E-mail: _____

Monthly Spending Limit (default = \$300): _____ Number of Cards: _____

PeopleSoft Chartfield: _____

*Signing Authority Name: _____

*Signing Authority Position: _____

*Signing Authority Signature: _____

IMPORTANT:

***Signing Authority Name, Position and Signature should be “one up” from Card Holder (not the same person)**

- You will have web access to your meal account with the pre-assigned PIN number we provide (review and print transaction history, deactivate lost card, check balance, change PIN, etc.).
- Your Departmental PeopleSoft chartfield will be debited monthly for the total amount of purchases.
- The Department takes responsibility for the Meal Card(s) and all charges incurred.
- The Department is responsible for contacting us regarding any changes to the above information.
- If the card(s) is lost, the Department is responsible for immediate card deactivation from our Web site or via email to the Mac Express Centre. Any charge incurred before the card(s) is reported lost is the liability of the Department.

PLEASE FORWARD THE COMPLETED FORM TO:

MAC Express Centre
 Commons Building, Room 128
 Fax: (905) 522-5395
 Phone: 905-525-9140 ext. 27448
 Email: express@mcmaster.ca
 Web: <http://mealcard.mcmaster.ca>

OFFICE USE ONLY

Date Received: _____

Card Number: _____

Pick up/Mail: _____

1CARD:

Initials: _____

Date: _____

Expiry Date Category

Credit Limit Group

Access DB: