

St. Clair County Community Mental Health
Cardholder Agreement

The use of St. Clair County Community Mental Health (SCCCMH) credit cards is governed by SCCCMH's Policy [#07-001-0005 Board Fiscal Responsibilities](#). By signing the following agreement, the individual below (the "Cardholder") acknowledges that they have read and agree to abide by that policy.

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Assurances of the Cardholder

- 1. I understand that I will be expected to use the SCCCMH credit card issued to me as directed by my supervisor under the provisions of SCCCMH's fiscal policies listed above.
- 2. I will not permit another person to use the SCCCMH credit card issued to me. Any and all purchases made with my card will be considered to have been made by me and will be my responsibility.
- 3. I will be responsible for the safekeeping of the SCCCMH credit card issued to me, and if lost, will report its loss immediately to my supervisor and the CFO.
- 4. I understand that my personal credit will not be affected by any use of a SCCCMH credit card.
- 5. I understand that in the event of termination of my employment with SCCCMH, my final payroll check may be withheld pending the return of the SCCCMH credit card to my supervisor.
- 6. I understand that I am responsible to retain receipts for all purchases made with the SCCCMH credit card issued to me, and that any missing receipts must be supported with form #0249 Receipt Exception and approved by my supervisor.
- 7. I understand that the use of a SCCCMH credit card to purchase goods or services other than for official use for SCCCMH is fraudulent use and is subject to disciplinary action and/or termination of employment as determined by the Chief Executive Officer (CEO). In addition, I understand that SCCCMH may take criminal and/or civil legal action to recover losses incurred by such use.

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I have read, understand, and agree to the conditions above:

Staff/Cardholder Signature

Print Name

Date

SCCCMH Credit Card Number

Date Issued