

Faculty / Staff NCard Charge Agreement

1. I hereby verify that I am an employee of the University of Nebraska-Lincoln (UNL) and therefore eligible for a Faculty/Staff NCard Account. I wish to activate my Faculty/Staff NCard for purpose of charging goods and services on UNL campuses. I understand that my charging privileges will be in conjunction with my status as an employee of the University of Nebraska-Lincoln.
2. I understand and agree that I have a maximum charge limit of \$300. I understand and agree that the full balance of my NCard account is due and payable at the end of each billing period. The employee billing cycle starts the first day of the month and ends the last day of the month. The bills will be sent out by the 12th day of the following month to employees at their campus address.
3. I understand and agree that the University Payroll Department will make a payroll deduction from my paycheck to cover the balance on the NCard charge account. I also understand and agree that upon my leaving employment at UNL my charge capability will be cancelled.
4. I understand and agree that if I think my statement contains a billing error that I should notify the NCard Office in writing. I understand that I must provide such written notice within 60 days after I received the first statement on which the error or problem appeared. I can telephone the NCard Office, but by doing so will not preserve my rights. I agree that my written notice must contain the following information:
 - My Full Name and account number;
 - The dollar amount of the suspected error;
 - A description of the error and an explanation (if possible) why I believe there is an error. If I need more information I should describe the item I am not sure about. I understand that upon receipt of my letter the University will conduct a “reasonable investigation” into the suspected error. During such investigative period the University cannot try to collect the questioned amount, nor report me as delinquent. I understand that I do not have to pay any questioned amount while the same is under investigation, but I am obligated to pay the parts of my statement that are not questioned. Upon completion of the investigation, I will be notified of any corrections made to my account. If it is determined that no billing error has occurred, I will be notified of the same in writing.
5. The use of this NCard for charging goods and services is restricted to the campuses of the University of Nebraska-Lincoln, and any location at anytime may cease to offer goods and services without notice.

In order to activate charging privileges with your NCard, you must complete and sign this application. The completion and signing of this application indicates you have read and agree to all terms of the NCard agreement.

Faculty/Staff NCard Charge Application

Last Name _____ First Name _____ MI _____

Campus Address: Building _____ Room _____ Campus (CC/EC) _____ Zip (Four Digit) _____

Phone Number _____ NU ID # _____ (found on NCard)

UNL Affiliation (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Central Administration | <input type="checkbox"/> Alumni Association | <input type="checkbox"/> Follett Employee |
| <input type="checkbox"/> Faculty/Staff | <input type="checkbox"/> ROTC | <input type="checkbox"/> College of Nursing |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> USDA | <input type="checkbox"/> College of Dentistry |

I have read the agreement stated above and accept the terms and conditions described therein. Please activate my NCard for the maximum amount of \$300.00.

Employee Signature _____ Date _____ E-mail Address _____