

**State of Ohio**  
**CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, agree to the following regarding my use of the Payment Card Program:

- 1. I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Ohio and will strive to obtain the best value for the State of Ohio.
- 2. I understand that under no circumstances will I use the Payment Card to make personal purchases, either for myself or for others. Willful intent to use the Payment Card for personal gain may result in disciplinary actions, including termination of employment.
- 3. I will follow the established procedures for using the Payment Card. Failure to do so may result in either revocation of my use privileges or other disciplinary actions. Additionally, I will follow all my agency's and State of Ohio purchasing requirements.
- 4. I have been given a copy of the Payment Card Manual and understand the requirements for using the Payment Card Program.
- 5. I agree that should I violate the terms of this Agreement and use the Payment Card for personal use or gain, that I will reimburse the State of Ohio for all incurred charges and any fees related to the collection of those charges.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Agency Payment Card Administrator (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Agency Payment Card Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Distribute to:  
Cardholder  
Agency Personnel Office  
Agency Payment Card Administrator  
OBM Statewide Payment Card Administrator