

Departmental **MaineCard** Contract
Expires June 29th, 2010 11:59 PM

Department Name: _____ Contact Name: _____
 Department Address: _____ Contact Phone: _____
 Contact E-mail Address: _____

Account Number: _____ - _____ - _____
 (Chartfield Combination) Business Unit Department ID Account Class

 _____ - _____ - _____
 Fund Program Code Project

Purpose: _____
 Date of Request: _____
 Amount to be Deposited: _____

Would you like to be able to view your Departmental **MaineCard** account information on the web?
 (NOTE: This is only to **VIEW** your account. Deposits will still need to go through the Department of Financial Services)

- No, not at this time.
 Yes, please send information on how to access my account over the web.

I hereby acknowledge that I have read and agree to the “Departmental **MaineCard** - Contract Terms & Conditions”, and do hereby agree that if assigned a Departmental **MaineCard** Account I will abide by and be legally bound to the terms and conditions. I acknowledge that the above information is correct to the best of my knowledge.

 Administrator’s Printed Name

 Administrator’s Signature

 Department of Financial Services Approval

 Date

▼ **MaineCard** Office Use Only ▼

| | | | |
|------------------|--|---------------------|--|
| Amount Deposited | | Beginning Balance: | |
| Date Received: | | Ending Balance: | |
| Processed By: | | No of Cards Issued: | |