Enrollment Form Instructions

1. **Action** -- Place a check in the box indicating whether this is an initial enrollment or a change to an existing account.
2. **Last Name** -- Enter your full last name.
3. **First Name** -- Enter your full first name.
4. **E-mail Address** -- Enter your WCUPA e-mail address, i.e., jdoe@wcupa.edu
5. **Initial Password** -- This field takes the place of your mother's maiden name and is used as an identity verification check word and as your initial password into PaymentNet. You may choose whatever word you wish.
6. **Office Phone** -- Enter your WCU office phone number
7. **Fax #** -- Enter your WCU office fax number
8. **Building Name** -- Enter the name of the building housing your office.
9. **Room Number** -- Enter the room number of your office.
10. **Monthly Credit Limit** -- Enter the maximum monthly dollar limit you wish to establish for this card. This cannot exceed $5,000.00 per card. Org Managers, please note that if multiple cards are billed to a single org, your total monthly liability is the sum of these amounts.
11. **Transaction $ Limit** -- Enter the maximum per transaction dollar limit for this card. The single purchase limit per transaction will be $500.00 unless authorized otherwise by the Director of Business Services.
12. **Max. # Daily Transactions** -- Enter the maximum number of daily transactions for this card (15 per day maximum).

   **Note:** Card limits may be reduced for departments whose budget does not support the requested amounts or have multiple cards charged to the same account structure.

13. **Department Name** -- Enter the full name of your department.
14. **Fund** -- Enter the fund to which you want the card's transactions billed.
15. **Program** -- Enter the program to which you want the card's transactions billed.
16. **Department** -- Enter the department to which you want the card's transactions billed.
17. **Project/Grant** -- Enter the project/grant to which you want the card's transactions billed.
18. **Yes/No** -- If other cards have been issued to this same chartfield combination, please check the Yes box.
19. **Department Manager Name** -- Please print the name of the organization manager.
20. **E-mail Address** -- Enter the WCUPA e-mail address of the org manager.
21. **Department Manager Signature** -- The department manager must sign the form.
22. **Date** -- Enter the current date.

Please do not write below the double lines. These fields will be filled in as your application is processed.

Revised: 8/29/03