



CARD REQUEST FORM

Classification (check one): Student Employee Alumni Spouse Other: _____

Card Type (check one): 1st Card Lost/Stolen Damaged Temporary Other: _____

Applicant's Name: _____ Duke UniqueID#: _____

Department/School: _____ Graduation/Expiration Date: _____

Campus Address: _____ Campus Phone #: _____

Home Phone: _____ Date of Birth: _____

Home Address: _____

Payment Method (check one): Cash Check Bursar Flex IR/Code Debit Card No Charge

Signature: _____ **Date:** _____

Flexible Spending Account Authorization

Please **initial** the appropriate line below and sign and date the form:

_____ Yes, please establish a Flexible Spending Account for me. I have read the contractual information stated on the reverse side of this form and accept the terms and conditions as set forth (signature required below).

_____ No, I do not wish to add the Flexible Spending Account feature at this time.

I certify that the information I have provided is correct and I agree to pay for this DukeCard via the method indicated. I may choose to establish a Flexible Spending Account at a later time. If at such time I choose to establish a Flexible Spending Account, I have read the contractual information stated on the reverse side of this form and accept the terms and conditions as set forth.

Spouse Card Additional Information:

Employee/Grad St Name: _____ Duke UniqueID#: _____

Employee/Grad St Dept/School: _____ Office Phone #: _____

Temporary Card Applicants:

I hereby request that the DukeCard Office report my DukeCard lost and issue me a temporary card. I understand that the temporary card will allow me to access the accounts and features of my DukeCard, but because there is no photograph, I may not use the card to order food from off-campus vendors. I agree to obtain a new DukeCard upon expiration of this card or I will present my current DukeCard to the DukeCard Office for reactivation. I will return this temporary card to the DukeCard Office by 1:30 pm two days from the time of issuance. **Should this temporary card be lost or stolen, I will immediately report this information to the DukeCard Office. I understand that I will be charged \$25.00 if this temporary card is not returned to the DukeCard Office.**

Signature: _____ **Date:** _____

Card Office Use Only:

Identity Verified: ID Type: _____ Department Code/Check #: _____

Temp Card #: _____ Exp. Date: _____ Time: _____ Letter Sent: _____ Returned/Billed: _____

Amount Paid: _____ Date: _____ Time: _____ Operator: _____ (08/2006)

FLEXIBLE SPENDING ACCOUNT

TERMS AND CONDITIONS

1. This contract is executed between the individual named on the front of this page (the participant) and Duke University (the University) through Duke University Auxiliary Services. This contract pertains to the creation of a DukeCard Flexible Spending Account (FLEX Account) which is an option available to students, employees, faculty and staff of Duke University and other individuals designated by the University. This contract is administered for Auxiliary Services by the DukeCard Office.
2. The term of this contract begins when this contract is received by the DukeCard Office and ends when the participant graduates or withdraws from the University (students), terminates employment (faculty/staff/employees) or the participant's DukeCard expires (other individuals).
3. A FLEX Account will not be activated until payment is received by the DukeCard Office or funds are deposited at a DukeCard Value Transfer Station. Additional deposits may be made in any amount and at any time by completing the necessary forms and making payment to the DukeCard Office. The participant may also add funds using specific denominations of currency at any DukeCard Value Transfer Station.
4. The participant's DukeCard will be the access device for the FLEX Account. The card or card number plus personal identification number (PIN) must be presented at the time of purchase and shall be the only means of accessing the participant's account.
5. The FLEX Account is automatically closed at the end of this contract. However, the participant may request, in writing to the DukeCard Office, that the account be closed at any time. The DukeCard Office reserves the right to charge a service fee or close any FLEX Account that has been inactive for a period of twelve (12) months. Refunds on closed accounts will be made at the full value of the unused balance, except no refunds will be made for balances less than \$5.00. Refunds for students will be credited to the participant's Bursar's Account; refunds for all others will be mailed to the last known address. All debts on the participant's Bursar's Account must be satisfied prior to a check being processed for a refund. Any negative FLEX Account balances will be charged to the participant's Bursar's Account (students) or billed directly to the participant.
6. This account is non-transferable. Additional identification may be required to ensure that only the participant uses the account. The participant may be required to sign a receipt for goods or services.
7. Duke University reserves the right to determine hours of operations and pricing for the goods and services available for purchase with this account.
8. Should the participant's identification number change after execution of this contract, he/she must notify the Registrar's Office (students) or the DukeCard Office as soon as possible. Should the participant's DukeCard be lost, stolen, or damaged, this fact should be reported to the DukeCard Office immediately. A fee will be charged for replacement of lost, stolen or damaged cards. The address and telephone number for the DukeCard Office are as follows:

The DukeCard Office

West Campus

100 West Union
Box 90911
Durham, NC 27708
Tel: 919-684-5800

Medical Center

0100 Facilities Center
Box 90644
Durham, NC 27710
Tel: 919-684-2273

email: DukeCard@duke.edu
<http://DukeCard.duke.edu>

(11/2005)