



Emburse Card Enrollment/Request Form

Use this form to request and enroll in the Emburse Card Program. By submitting this form, you understand that, if approved, an Emburse credit card will be issued in the requested cardholder's name to be used for official College business only. No personal credit inquiries will be submitted by the bank. Additionally, you understand you will be required to attend Emburse Card training and sign an Agreement prior to the issuance of a card.

Cardholder's Information

Name: _____ Email: : _____

Department Name: _____ Primary Budget
Account Number: _____

Phone (work) _____ Phone (cell) _____

Card Type (Select One): Virtual Card Plastic Card

Banking Information

Should you have a refund after work-related travel, you may now receive it through ACH Refund. Provide your banking information to receive a quicker refund. *Provide a canceled check to expedite processing.*

Bank Name: _____ Routing Number: _____

Checking Account Savings Account
Number: _____ Number _____

Cardholder's Signature: _____ Date: _____

Executive Leadership Approval

EL Signature: _____ Date: _____

Email completed form to embursecard@grayson.edu

For Coordinator Use Only

Date of Emburse Credit Card Handbook Training Manual Issuance: _____

Card Number: _____ Date Issued: _____

Transaction Limit: _____ Daily Limit: _____ Monthly Limit: _____

Sales Tax Exempt Card: _____ Date Issued: : _____

Accounts Payable Signature: _____

Date Card Returned/Canceled/Destroyed _____

Accounts Payable Signature: _____

HR Signature _____