



SAN ANTONIO ENA DEBIT CARD AGREEMENT FORM

Name : _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I agree to use the assigned debit card for San Antonio Emergency Nurses Association (SAENA) business only. I will provide all receipts to the SAENA treasurer and agree that any use of the card without receipt will be subject to the decision of the SAENA Board of Directors. I will voluntarily return my card to the SAENA treasurer as requested by the SAENA Board or when my service has ended on either: 1) the SAENA Board or 2) an SAENA Committee. My signature below also indicates that I have read and agree to abide by the SAENA Debit Card Use Policy.

Signed: _____ DATE: _____

FOR OFFICE USE ONLY

Card number issued: _____

Date canceled: _____

Date returned: _____