



PaymentNet Proxy Assignment

PRINT

I, _____ as the cardholder of an Eastern Michigan University Payment Card, request to assign my ability to review and allocate transactions on the PaymentNet system to:

Name _____

Position _____

I understand that by assigning my ability to review and allocate to the above named cardholder does not negate my responsibility as a cardholder as described in the Payment Card Guide and application documents.

Signature _____

Date _____