

Faculty/Staff Flex Dollars Purchase AgreementName: _____
Last Name First Name Middle NameAddress: _____

Phone: _____ Email: _____

ID Number: _____ Amount to add onto Flex: \$ _____

Method of Payment (Please Circle One): Cash Check Credit Card (no bonus points)

I, _____, agree to purchase \$ _____ in Flex Dollars to be placed on my ID Card. I understand that any amount of money that I purchase to be placed on my ID card is non-refundable after the amount has been placed on my card. I agree that if I purchase Flex Dollars with a personal check and it is returned I will be charged a service fee of \$35.

I understand that after 11:59pm Friday, April 30th of 2010 I will forfeit any remaining balance of Flex Dollars in my account if not used prior to the specified date. I understand that in order to keep the balance of my card after Friday, April 30th of 2010, I must submit a request in writing to Augsburg Dining Services, or an email to augsburg@aviands.com.

Signature: **X** _____

Date: _____