



Student eXpress Account Agreement

The CARD Office • 651-962-6069 • Mail 5049
Fax 651-962-6058

The undersigned student, hereafter referred to as “Student,” and the University of St. Thomas, a private educational institution, hereafter referred to as “University,” hereby agree as follows:

SERVICE: The Express Account entitles any student at the University of St. Thomas to open a debit account or add to an existing account. The student may spend the account at any food outlet, bookstore location, safety and Security, Hairworks, Print Inc., the C-Store, Campus Activities, Career Services, Phillip’s 66, selected off campus merchants and selected vending machines operated by the University. The minimum dollar amount chargeable to a student account is \$50. The maximum amount chargeable to a student account is \$650. **The minimum prepayment is \$5. Prepayments of \$50 or more are eligible for a 5% bonus.**

REFUNDS: Once money has been deposited to your express account you cannot withdraw it. A full refund will be given on remaining balances when Students graduate, transfer, close their student accounts with University of St. Thomas.

ELECTION: A student may sign up for The Express Account anytime at The Card Office, Room 259, Murray-Herrick Campus Center. The amount requested can be prepaid or billed to the student’s account. This charge will appear on the next month’s bill and will be subject to a finance charge computed by applying the monthly rate of 1.1% (ANNUAL PERCENTAGE RATE OF 13.2%)

(The Business Office reserves the right to request prepayment.)

CONTRACT: I understand that, unless I prepay this contract, the charge will be subtracted from any excess financial aid on my student account (i.e., loans, grants, etc.), thereby decreasing any refund check I might receive. Any debit amount this contract results in is my responsibility and is to be paid as billed by the Business Office. Interest will not be earned on credit balances.

GENERAL DISCLOSURES AND CONDITIONS: This account and use of the card are further subject to the General Disclosures and Conditions for Express Debit Accounts which is posted on the Card Office’s web site at <http://insideust.stthomas.edu/auxiliaryservices>.

CONSENT: Student hereby consents to receiving monthly/periodic account statements by e-mail transmission pursuant to paragraph (k) of the General Disclosures and Conditions referred to above.

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ELECTION AND ACCEPTANCE OF THE EXPRESS ACCOUNT AGREEMENT

I elect The Express Account in accordance with the terms and conditions stated above.

Student Name (please print)		ID#
Amount \$	Written Amount Requested	
Form of Payment:		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge student account		
Student Signature	Date	

FOR OFFICE USE ONLY

Amount Entered _____	Date _____
Plan # _____	Initials _____

White Copy – Office Yellow - Student