



Departmental MaineCard Contract

Expires end of business on June 30, _____

MaineCard Service Center

Hilltop, Room 103L, Orono, ME 04469
207.581.CARD (2273) | um.mainecard@maine.edu
umaine.edu/mainecard

Email completed form to Budget and Business Services,
umbudget@maine.edu

Department Name: _____ Contact Name: _____

Department Address: _____ Contact Phone: _____

Account Number:	_____ - _____ - _____
(Chartfield Combination)	Business Unit Department ID Account Class
	_____ - _____ - _____
	Fund Program Code Project

Purpose: _____

Date of request: _____

Amount to be deposited: _____

If different from original account number, please specify account number for year-end refund	_____ - _____ - _____
	Business Unit Department ID Account Class
	_____ - _____ - _____
	Fund Program Code Project

MaineCard ISO # (if available): 6391 49 _____

Contact e-mail address (required): _____

I hereby acknowledge that I have read and agree to the "Departmental MaineCard Contract Terms and Conditions" and do hereby agree that if assigned a Departmental MaineCard Account I will abide by and be legally bound to the terms and conditions. I acknowledge that the above information is correct to the best of my knowledge.

Administrator's Printed Name

Administrator's Signature

Department of Financial Services Approval

Date

MAINECARD OFFICE USE ONLY	
Amount deposited: _____	Beginning balance: _____
Date received: _____	Ending balance: _____
Processed by: _____	Number of cards issued: _____