



Rockingham County Credit Card Authorized User Policy Acknowledgment

I hereby acknowledge that I have been designated by _____
as an authorized user of his/her County credit card. I have been provided with and read the County
credit card policy, and I understand that I am responsible for complying with the policy rules.

I understand that any misuse of the credit card or other violation of this agreement is a violation of
Rockingham County's standards of conduct and such activity will result in cancellation of the card
and will be subject to disciplinary action up to and including termination of employment. I agree
that if I make any personal or non-personal transactions in violation of the policy in question, I am
financially responsible for any such expenses and agree to reimburse the County via wage
deductions or other means until the unauthorized amounts are fully repaid. Such deductions are in
the amount of the unauthorized purchase(s), but if such amount would take my pay below
minimum wage for the workweek in question, the deductions will be in two or more increments that
will not take my pay below minimum wage for any workweek.

*The original of this acknowledgement will be retained by the Finance Director and a copy will be
placed in your personnel file.*

Signature of Authorized User

Date

Printed Name

Employee ID#

Finance Director

Date