



4. I agree to return this Card immediately upon request by management or upon termination of my employment for any reason (including retirement) with the Hospital. I understand that this Agreement is revocable by me at any time upon written notice to my immediate supervisor at the Hospital. If revoked, I understand I must stop using the Card immediately and return it to Human Resources with my revocation notice. I understand that if revoked, I remain responsible for any misuse and remain indebted to the Hospital for any personal, unauthorized, or illegal charges made prior to the revocation and return of the Card.
  
5. I promise to immediately notify Human Resources upon discovering this Card has been lost, misused, or stolen or this Card has been the subject to fraud, unauthorized use or misuse. I agree to cooperate with any investigation concerning the loss, theft, or suspected misuse of this Card.

**Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Received:**

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_