



**PAYMENT CARD PROGRAM
CARDHOLDER APPLICATION, AGREEMENT AND APPROVAL FORM**

Mail To: Disbursements, 2147 TAMU ATTN: Payment Card Program

Texas A&M AgriLife
Research - 556

Texas A&M AgriLife Extension
Service - 555

TVMDL - 557

Applicant's Name (as it appears on payroll): _____

Department/Unit Name: _____

Department's code: (four alpha characters): _____ Mail stop: _____

Department/Unit Address: _____

Phone Number: _____ E-Mail: _____

Applicant's UIN #: _____

Local FAMIS account to use as the default account: _____
FAMIS Account Support Account

Single Transaction Limit: \$ _____ Monthly Transaction Limit: \$ _____

Department contact for Reallocation/Reconciliation (Bookkeeper):

Name Phone Email

As a cardholder, I agree to comply with the terms and conditions of this Agreement and the Payment Card Program Guide.

I acknowledge that I have read and understand the terms and conditions of this Agreement and the Payment Card Program Guide. I also acknowledge that I have completed the Cardholder Online Training. I understand that Texas A&M AgriLife is liable to Citibank & MasterCard for all Texas A&M AgriLife charges.

I agree to use this card for Texas A&M AgriLife approved purchases **only** and agree not to charge personal purchases. If the card is shared I agree to document using the template check in/check out log. I understand that Texas A&M AgriLife will audit the use of this card and report findings to the departmental head or department approver.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment. I agree to repay Texas A&M AgriLife any amounts owed by me even if I am no longer employed by Texas A&M AgriLife.

I understand that the card is property of Texas A&M AgriLife. I further understand that Texas A&M AgriLife may terminate my right to use this card at any time for any reason. I agree to return the card to Texas A&M AgriLife immediately upon request or upon termination or transfer of employment.

Applicant's (Cardholder) Name (Print/Type) Applicant's (Cardholder) Signature Date

I hereby approve the applicant, listed above, for issuance of a Texas A&M AgriLife Payment Card. I agree that the FAMIS account listed above will have funds sufficient to pay any and all charges made by this individual. I will ensure that a monthly reconciliation and approval of all statements will be done and all documentation retained as required. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment.

Department Head or Supervisor Name (Print/Type) Department Head or Supervisor Signature Date