



**PAYMENT CARD
CARDHOLDER CHARGES/USAGE**

- Texas A&M AgriLife Research** **Texas A&M AgriLife Extension Service** **TVMDL**

As a cardholder for Texas A&M AgriLife, I agree to comply with the terms and conditions of the Payment Card Cardholder Agreement and the Payment Card Program guidelines. If at anytime my card is to be used by another employee of Texas A&M AgriLife for official business only, I will ensure the employee has been properly instructed as to the usage, the usage (by another employee) is recorded on the check out log and on the receipt, all receipts and backup documentation are provided for the monthly statement; and that the utmost security processes were implemented until the card is returned to my possession. I agree that usage of my card will strictly adhere to all terms and conditions of the Payment Card Program processes and procedures.

This signed, original form must be on file with the Texas A&M AgriLife Disbursements office before allowing usage by another employee.

(Please sign and return this form to Texas A&M AgriLife Disbursements, Attention: Payment Card Coordinator, 2147 TAMU, College Station, TX 77843-2147)

Cardholder Name (Print/Type)

Cardholder Signature

Date

Dept./Unit Acct. Signer Name

Dept./Unit Acct. Signer Signature

Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.