

Departmental Payment Card Application and Agreement Form



THE TEXAS A&M
UNIVERSITY SYSTEM

SELECT NAME OF THE APPROPRIATE AGENCY FROM THE DROP DOWN LIST:

For TAMU, TAMHSC, TAMUS, TAMUS SRS, Scan and Email To: paymentcard@tamu.edu

For TAMUG Scan and Email To: acctspay@tamug.edu

<input type="checkbox"/> Card to be Picked Up:	Contact for Card Pick Up:	<input type="text"/>	Account Group Name:	<input type="text"/>
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<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Card Admin	If Changing Card Admin Last 6 of Card #	<input type="text"/>
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Name to Appear On Card:

Card Administrators Name: UIN:

Business Phone No.: Dept. Code: Mail Stop:

Email:

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

FAMIS account and support account to be used as the default account:

As the **card administrator** of the department card, 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 Individual and Departmental Payment Card Online Training. I understand that Texas A&M University, Texas A&M University Galveston, Texas A&M Health Science Center, Texas A&M University System or Texas A&M University Shared Services Center (hereinafter called Member) is liable to Citibank & MasterCard for all Member charges.

I agree to use this card and allow others to use this card for Member approved purchases **only** and agree not to charge or allow others to charge personal purchases. I will report unallowable/personal charges to FMO Payment Card Office or to FMS at Galveston immediately. I understand that the purpose of the departmental payment card is for approved distribution (card sharing). Furthermore, when the card is shared I agree to document by using the template [Check Out/In Log](#). I will monitor card use by others to look for opportunities to issue individual payment cards if applicable. I understand that Texas A&M University or Texas A&M University Galveston will audit the use of this card and report findings to the department head or department approver.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment of the card administrator and/or the card user. I agree to repay the Member any amounts owed by me even if I am no longer employed by the Member.

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

Card Administrator Name (Print/Type)

Card Administrator Signature

Date

Department Head/Supervisor Approval

I hereby approve the applicant, listed above, for issuance of a Member Departmental Payment Card. I agree that the FAMIS account/support account, listed above will have funds sufficient to pay any and all charges made on the departmental card. 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 the card administrator and/or other users 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

Departmental Administrator for Reallocation/Reconciliation (Bookkeeper):

Name:

Email: Phone No.:

State law requires that you be informed of the following: (1) you are entitled to be informed about the information the Member collects about you (with a few exceptions as provided by law); (2) you are entitled to receive a copy of that information; and (3) you are entitled to have the information corrected at no charge to you.