

Individual Payment Card Application and Agreement Form



THE TEXAS A&M
UNIVERSITY SYSTEM

SELECT 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

Card to be
Picked Up

Contact for Card
Pick Up:

Account Group
Name:

Employee Name:

Mail Stop:

Dept. Code:

Business Phone:

Cardholder UIN:

Email:

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

Single Transaction Limit:

\$

Monthly Transaction Limit:

\$

Departmental Administrator for Reallocation/Reconciliation (Bookkeeper):

Name:

Email:

Phone No.:

As the card 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 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 System Shared Services Center (hereinafter called Member) is liable to Citibank & MasterCard for all Member charges.

I agree to use this card for Member approved purchases **only** and agree not to charge personal purchases. I understand that the Individual Payment Card is limited in regards to card sharing and that if the card needs to be shared more than 12 times per year a departmental card should be requested. Furthermore, if the card is shared I agree to document sharing by using the [Check Out/In Log](#). I understand the use of this card will be reviewed and findings reported to the departmental head or departmental 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 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 of employment.

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

Applicant's (Cardholder) Signature

Date

Department Head/Supervisor Approval

I hereby approve the applicant, listed above, for issuance of a Member Individual 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 Individual Payment Card. I will ensure that a monthly reconciliation and approval of all expense reports will be done and all documentation retained as required. I understand that the improper use of this card by the cardholder 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

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.