



**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
EMPLOYEE PAYCARD AUTHORIZATION / CANCELLATION**

Section 1 EMPLOYEE IDENTIFICATION

The following confidential information is used to ensure proper identification. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information (including name, address, date of birth and identification number) and will take necessary actions to verify your identity.

Social Security Number _____ Date of Birth (mmddyyyy) _____

Employee Name _____

Mailing address (PO Box not allowed) _____

City _____ State _____ Zip Code _____

Phone (area code and number) _____ Home Work Mobile

Country of Residence United States Other (specify) _____ Country of citizenship United States Other (specify) _____

Section 2 SETUP / CANCELLATION

NEW ACCOUNT

CANCELLATION

Section 3 AUTHORIZATION FOR SETUP / CANCELLATION OF PAYCARD PARTICIPATION

I authorize the Texas Comptroller of Public Accounts to deposit my payroll payments from the state of Texas to my Bank of America Employee PayCard.

I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I understand that deposits to the Employee PayCard are limited strictly to payroll payments from my employing state agency.

I understand that the state of Texas fee structure for my Employee PayCard will remain in effect for 45 days once I terminate from state employment or notify my employing agency that I no longer wish to receive payroll payments through the Employee PayCard. After this time, the fees will be based on standard Bank of America pricing which will increase my fees when using the card.

I understand that my employing agency will provide my personal information to the Bank of America on my behalf.

I further understand that the Texas Comptroller of Public Accounts office will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, contact Bank of America.)

Signature _____ Printed Name _____ Date _____

Mail to: TDCJ Payroll Department, PO Box 4015, Huntsville, TX 77342-4015 or FAX to: (936) 437-8644