

**THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY**  
**Bank Pay Card Authorization**

**EMPLOYEE / CARDHOLDER INFORMATION (please print):**

Employee ID Number:				Social Security Number:			
Name: (First Name)				Middle Initial:		Last Name:	
Address:						Apartment #:	
City:			State:		Country:		Zip Code:
Home Phone / Cell Phone: xxx-xxx-xxxx <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Work Phone: xxx-xxx-xxxx <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Date of Birth (MM/DD/YYYY): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Email Address:				Other legal form of ID if Non-U.S. Individual (Passport, Resident Alien Card or Matricula Card #):			
Country of Citizenship:				Country of Residency:			
Department:				Division:			
<input type="checkbox"/> Faculty		<input type="checkbox"/> Staff		<input type="checkbox"/> Direct Wage			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

CashPay Account Number: \_\_\_\_\_

Enrollment Completed By: \_\_\_\_\_

Federal Routing Number: \_\_\_\_\_

Date Entered into PAT: \_\_\_\_\_