

# PREPAID CARD PROGRAM USER AGREEMENT

SUBMIT COMPLETED FORM TO: CASH HANDLING AND BANKING SERVICES  
 140 UNIVERSITY HALL, #1111 OR [pettycash@berkeley.edu](mailto:pettycash@berkeley.edu)

FOR INFORMATION CONTACT: 643-9803 OR [pettycash@berkeley.edu](mailto:pettycash@berkeley.edu)

User Name			
*Name:		*Title:	
*Date of Birth:		EID:	
*Campus Address:			
*Phone:	*Email:	* Attach copy of Cal1 Card <input type="checkbox"/>	
* To comply with mandatory regulations, this information is submitted to the prepaid card vendor when registering user accounts			
Access Levels <i>(Check one)</i>			
<input type="checkbox"/> Reporting Access Only		<input type="checkbox"/> Payment Issuance	
IP Address (REQUIRED)			
The IP address for all workstations accessing the Prepaid Card Program portal must be registered with the system vendor. Below, list the IP addresses for workstations which may be used. To locate an IP address, visit the website <a href="http://www.whatismyip.com/">http://www.whatismyip.com/</a> while signed in to the workstation.			
User Agreement			
By signing this form, I understand that I am personally responsible for the safeguarding of my Prepaid login credentials and I am not permitted to share my login ID or password. I understand that prepaid payments can only be issued to individuals as payment for participation in the approved Program outlined in the accompanying Prepaid Card Program Application form.			
Instant Issue Programs Only: I agree to assume personal responsibility for the safekeeping and disbursement of allocated stock of plastic cards. I agree to contact Cash Handling and Banking Services should cards be lost or stolen prior to issuance.			
Signature: _____		Date: _____	
Director Level Approval <i>(Cannot be Prepaid Card Program Research Contact, Business Office Contact, or User)</i>			
Has a background check been conducted for above User? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, explain why:			
Signature: _____		Date: _____	
Title: _____		Email: _____	
Cash Handling and Banking Services Use			
Approval:			
Print	Signature	Title	Date
IM # _____	IS# _____	User ID _____	