



Houston Community College

CashPay® Enrollment Form

Currently Enrolled in CashPay®
 Please cancel my CashPay® Account effective _____
 Signature _____ Date _____

The following confidential information is used to ensure proper identification. Please complete all fields in Section I, print, sign and return the Original Form to the Payroll Department at MC 1116D for processing.

Section I: CashPay® Account Owner Information

First Name	Middle Initial	Last Name	Employee ID		
Street Address/Apt #	City	State	Zip	Country	
Work Telephone (Area Code Required)	Home Telephone (Area Code Required)	Mobile Telephone (Area Code Required)			
Birthdate (MM/DD/YYYY)	Social Security Number	Other Legal Form of ID (if SS# Unavailable, Passport)			
Employee's Department Name	Email Address				
Employee's Signature	Date				

HCC Employee Records Department will use the address on your CashPay® Enrollment Form to update all internal address files in the HCC HR/ Payroll System. Please continue to follow the procedure currently in place for updating your address with ERS, TRS, and ORP.

DO NOT complete any spaces below this line.

Section II: Company Information (All fields must be completed by a company representative.)

Company Name
Houston Community College

Authorized Payroll Contact Work Location : Address
P O Box 667517, 3100 Main Street

City Houston	State TX	Zip 77266-7517	Country USA
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Anticipated first CashPay® Deposit Date For This Individual (MM/DD/YYYY)	CashPay® Account Set Up By
Phone Number (Area Code Required)	CashPay® Account Cancelled By

Certification of Company
 By providing to Bank of America enrollment information to establish a CashPay® account for the above-described recipient of payments from the Company (the "Payee"), I certify that the following statements are true and accurate.

- As of the date of request for a CashPay® account, the Payee is entitled to payments issued by the Company, and is otherwise qualified to participate in the CashPay® program.
- That all information provided about the Payee is correct, including the Payee's date of birth, address, and Social Security Number or information from another form of identification issued by a governmental entity.
- That if the payee is to receive wage payments through a CashPay® account, the Payee is legally employable in the United States. (Payee is a US citizen or a resident alien legally authorized to work in the United States).
- That I have given to the Payee the explanatory information for the CashPay® program that has been provided by Bank of America.

I agree to notify Bank of America promptly of any changes to the information about the Payee that has been submitted as part of CashPay® enrollment. The program will also accept changes to the information from the Employee.

Name of Authorized Company Representative (Print)	Title	Signature

Forward to Payroll Department at MC 1116-D