## U.S. Bank ONEcard Application West Texas A&M University

Name:		
Buff Card Number:		
Last Four of Social Security numb	oer:	
Job Title:		
Department:		
Default Account Number:		
Supervisor's / Approver Name: _		_
Cell Phone:		
Business Phone:		
Email Address:		
•	ence relating to the ONECard is sent via email. Provi ularly. All information on the application is required.	
Employee Signature:	Date:	
Supervisor Signature:	Date:	
	*FOR TRAVEL USE ONLY*	
Initials:	Department:	
Date:	Division:	
Credit Limit:		