

Government Civilian Agency Cardholder Change Account Form

Agency credit check for account upgrade

Instructions:

Section I of this form can be completed by the cardholder or Agency Program Coordinator (APC) to make personal information changes to a cardholder's account. Section II must be completed by the APC to make changes to a cardholder's account and card type, cash access, or spending limits. Fields with an asterisk are required. Fax completed form to 1-605-330-9900.

Date:	
Attention:	
Fax:	605-330-9900 866-312-8586

Section I: Change Cardholder Personal Information — to be completed by cardholder or APC

A	Cardholder & Account Information	Complete this section for all cardholder account changes that need to be made. Changes cannot be processed without this information.														
		Cardholder Name*														
		Cardholder Account Number* (Please enter last 6 digits only in space provided below.)														
		X	X	X	X	X	X	X	X	X	X					
B	Account Upgrade	This section is for an account holder with a restricted accounts who has qualified for an upgrade to a standard account. The account holder must sign this box to confirm the upgrade request. The APC must sign to attest that the account has been evaluated by the agency and meets the agency requirements for upgrade.														
		Cardholder*	Name (type or print)*													
			Signature*											Date*		
		APC	Name (type or print)*													
			Signature*											Date*		
		C	Full Name	Prior	First Name					Last Name					MI	
New	First Name					Last Name					MI					
Prior																
New																
Embossed Name (name to appear on card)	Prior															
	New															
D	Change of Address	In addition to completing section A, if you are an APC, complete this section to change the billing address of an account.														
		New Billing Address														
		Address Line 1														
		Address Line 2														
		Address Line 3														
		City or APO/FPO										State				
		Zip/Postal Code										Country				

*Required Items. Form will be returned if required items are not completed.

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Section I: Change Cardholder Personal Information (continued)

E	Telephone, Fax & Email	In addition to completing section A and/or B above, complete this section to update a business telephone/fax number or email address. Telephone and fax numbers should include international country codes.												
		New												
		Home Phone												
		Business Phone								Business Extension				
		Business Fax												
		Email Address												
F	Mobile Phone Consent	By providing your phone number, you agree that we or our service providers can contact you at that number by text message, artificial voice, pre-recorded or autodialed calls. Your phone plan charges may apply. You may opt out by e-mailing optoutphoneconsent@citi.com .												
		Mobile Phone												
G	Completed By*	Type or Print Name						Title	<input type="checkbox"/> APC <input type="checkbox"/> Cardholder		Business Phone			
									Business Fax					
		Signature												Date

Section II: Change Cardholder Account, Card Type, Cash Access or Spending Limit Information — to be completed by APC

A	Central Account Number	To be completed by APC. Enter last 6 digits only.																							
		X	X	X	X	X	X	X	X	X	X														
	Account Hierarchy	To be completed by APC. Specify the complete hierarchy level number that pertains to your organization.																							
		HL1						HL2						HL3						HL4					
HL5						HL6						HL7						HL8							
B	Cash Access	Complete this section to add the ability for the cardholder to obtain cash.																							
		Cash Access						<input type="checkbox"/> No <input type="checkbox"/> Yes		Cash limit defaults are \$250 for Standard and Restricted															
C	Temporary Credit/ Cash Limit Increase	Complete this section to temporarily increase the credit/cash limits on an account. The length of time for temporary limit increases are as follows: • Standard accounts: Up to 12 months • Restricted accounts: Up to 6 months																							
		Limits	Credit Limit		\$		Start Date* (mm/dd/yyyy)								End Date* (mm/dd/yyyy)										
			Cash Limit		\$		Start Date* (mm/dd/yyyy)								End Date* (mm/dd/yyyy)										
D	Completed By*	Type or Print Name						Title	<input type="checkbox"/> APC <input type="checkbox"/> Cardholder		Business Phone														
									Business Fax																
		Signature												Date											

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Instructions Sheet

Purpose:	Use this form to make changes to a cardholder account. Sections I and II may be completed independently of each other.		
Who:	This form is to be completed by Cardholder and/or APC		
When:	Complete this form when there is a need to make a change to a cardholder's personal information (Section I) or account, card type, cash access, or spending limits. Fields with an asterisk are required.		
How:	<p>Section I: Change Cardholder Personal Information</p> <p><i>This section is to be completed by the Cardholder or the APC</i></p>	<p>A. Cardholder & Account Information</p> <ul style="list-style-type: none"> Cardholder Name*: Enter name of cardholder (as it appears on the card) requesting change Cardholder Account Number*: Indicate last 6 digits only of cardholder's 16-digit account number <p>B. Account Upgrade</p> <p>Cardholder Name, Signature and Date: Applicant types or prints name, signs and dates the form</p> <p>APC Name, Signature and Date: APC types or prints name, signs and dates the form to attest.</p> <p>C. Name</p> <ul style="list-style-type: none"> Prior: Provide cardholder's previous name (first, last, MI) New: Provide cardholder's new name (first, last, MI) <p>D. Change of Address</p> <ul style="list-style-type: none"> New Billing Address: Provide cardholder's new address where future bills should be sent <p>E. Telephone, Fax & Email</p> <ul style="list-style-type: none"> New Telephone, Fax & Email: Provide cardholder's new home, business and fax telephone numbers to include area code and international country code (Do not provide DSN). Also, provide cardholder's new email address. <p>F. Completed By*</p> <ul style="list-style-type: none"> Type or Print Name: Type or print the name of the person completing this form Title: Select whether person completing this form is an APC or Cardholder Business & Fax Phone: Provide Business telephone and fax numbers of the person completing this form. Be sure to include the area code and international country code (Do not include DSN). Signature: Signature of the person completing this form. Wet or Digital signature accepted. Date: Date of signature 	
	<p>Section II: Change Cardholder Account, Card Type, Cash Access or Spending Limit Information</p> <p><i>This section is to be completed by the APC</i></p>	<p>A. Central Account Number & Account Hierarchy</p> <ul style="list-style-type: none"> A Central Account Number: Enter the last six digits of the account number (not required) Account Hierarchy: Complete as many of the 7-digit Hierarchy Level numbers as appropriate for your hierarchy point (up to 8 levels). <p>B. Cash Access</p> <ul style="list-style-type: none"> Cash Access: Select "Yes" or "No" to identify whether the cardholder should have cash access. (Note: The limit default for standard accounts and restricted accounts is \$250. PIN's can be customized by the cardholder by calling the customer service number on the back of their card. 	

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Instructions Sheet (continued)

		<p>C. Temporary Credit/Cash Limit Increase</p> <ul style="list-style-type: none"> Complete this section to temporarily increase the credit and/or cash limits on an account. The length of time for a temporary limit increase is: <ul style="list-style-type: none"> <input type="checkbox"/> Standard Accounts: Up to 12 months <input type="checkbox"/> Restricted Accounts: Up to 6 months Limits: <ul style="list-style-type: none"> <input type="checkbox"/> Credit/Cash Limit: Enter the new temporary credit/cash limit dollar amount. <input type="checkbox"/> Start Date (required): Enter the date in which the new temporary credit limit is to become effective <input type="checkbox"/> End Date (required): Enter the date in which the new temporary credit limit should expire <p>D. Completed By*</p> <ul style="list-style-type: none"> <u>Type or Print Name</u>: Type or print the name of the person completing this form <u>Title</u>: Select whether person completing this form is an APC or Cardholder <u>Business & Fax Phone</u>: Provide Business telephone and fax numbers of the person completing this form. Be sure to include the area code and international country code (Do not include DSN). <u>Signature</u>: Signature of the person completing this form. Wet or Digital signature accepted. <u>Date</u>: Date of signature <p>Submit Request form with supporting documentation via <u>mail or fax</u> as follows:</p> <p>Citibank (South Dakota), N.A. P.O. Box 6408 Sioux Falls, SD 57117-6408 FAX TO: 1-605-330-9900 866-312-8586</p>
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