



# Account Activation/De-Activation/Closure Request

## Citibank® Government Travel Card Program

### Instructions:

Agency Program Coordinators (APCs) should use this form to temporarily activate/de-activate an account, or to permanently close an account. To modify other account information, please use the appropriate Cardholder Account Change Form. Questions? Contact Commercial Card Services Norfolk toll-free 1-866-670-6462 from the U.S. and Canada or, if dialing from international locations, call 757-853-2467.

Contains personally identifiable information (PII) and should be handled in accordance with Federal and DoD Privacy Act Policy guidance.

Date:	
Attention:	
Fax:	866-951-8005

### Section I: Agency Information

Agency:	
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### Section II: Hierarchy Information\*

**Account Level:** Please complete as many of the 7-digit numbers for each hierarchy level (HL) as are appropriate for your organization (up to eight levels). Use one form to complete up to 12 account requests per complete hierarchy level.

HL1			HL2			HL3			HL4		
HL5			HL6			HL7			HL8		

### Section III: Account Activate/De-activate Details\*

Use one form to complete up to 12 account requests per complete hierarchy level.

Account Number (only the last 6 digits)	Account Name (limit 25 characters)	Action to be Taken		
		Permanent Closure Reason for Closure	Activation Date (mm/dd/yyyy)	De-Activation Date (mm/dd/yyyy)
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
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		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

### Section IV: Authorization\*

APC*:	The individual completing this form must have full authority to make the above changes on the agency's behalf.		
	Print or type Name	Business Phone (Business Access Number Required – Include Area or Country Code) Ext.	
	Signature	Date	

<b>Citibank Use Only – Program Number:</b>	
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\* Required Items. Form will be returned if required items are not completed.

Citi Transaction Services

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# Account Activation/De-Activation/Closure Request

Citibank® Government Travel Card Program

## Instructions Sheet

<b>Purpose:</b>	Complete this form to activate or de-activate account(s) temporarily or to close account(s) permanently.							
<b>Instructions:</b>	<u>Who:</u>	This form is to be completed by the APC (Agency Program Coordinator).						
	<u>When:</u>	Complete this form when there is a need to activate or deactivate one or more accounts temporarily or to permanently close one or more accounts. Use one form to complete up to 12 accounts, all of which fall under one complete hierarchy level. If you are activating/deactivating or closing accounts under different hierarchy levels, you must use a separate form for each.						
	<u>How:</u>	Section I:	<b>Agency Information:</b> <u>Agency/Organization Name:</u> Enter the name of the agency requesting the account activation/deactivation or closure.					
		Section II:	<b>Hierarchy Information:</b> <u>Hierarchy Level (required)</u> – Complete as many of the 7-digit hierarchy level (HL) numbers as are appropriate for your organization (up to eight levels).					
		Section III:	<b>Account Activate/De-activate Details:</b> <u>Account Number (required)</u> – Enter the last six digits of the account number. <u>Account Name (required)</u> – List each account/cardholder’s name next to the corresponding account number. <u>Permanent Closure (required for account closure)</u> – Place an “X” in the box provided next to the account number to be permanently closed. <u>Reason for Closure (required for account closure)</u> – Provide brief explanation for account closure (i.e., terminated, resigned, retired, death, etc.). <u>Activation Date (required for activation)</u> – Enter date in which the corresponding account should be activated (mm/dd/yyyy). <u>De-activation Date (required for de-activation)</u> – Enter date in which the corresponding account should be deactivated (mm/dd/yyyy).					
Section IV:		<b>Authorization:</b> <u>APC-Name</u> – Type or print name of APC requesting the account status change. Consult your Agency policy regarding authorization to activate/deactivate or permanently close accounts <u>Business Telephone</u> – Enter APC’s business telephone number. <u>Signature</u> – Signature of APC listed above. Wet or Digital signature accepted. <u>Date</u> – Date of signature						
<b>Submit Request form via mail or fax as follows:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Citibank Commercial Cards</b></td> <td style="width: 50%; border: none;"><b>FAX TO: 866-951-8005</b></td> </tr> <tr> <td style="border: none;"><b>P.O. Box 10085</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>Norfolk VA 23513</b></td> <td style="border: none;"></td> </tr> </table>			<b>Citibank Commercial Cards</b>	<b>FAX TO: 866-951-8005</b>	<b>P.O. Box 10085</b>		<b>Norfolk VA 23513</b>	
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