Central/CBA Travel Account Setup Form

Citibank® Government Travel Card Program

Instructions:

Use this form to request setup of a Centrally Billed Account. Questions? Contact Citibank CBA Unit toll-free at 1-866-670-6462 from the US 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.

Required fields denoted by an asterisk "*". *Form will be returned if required fields are not completed.*

Date:	
Attention:	
Fax:	866-951-8005

Section I: Central Account Information

1.1* Billing Type:	☐ Centrally Billed Account	**1.2* Account Type:**	☐ Transaction Account (white plastic)	☐ Unit Card Account

1.3* Plastic Delivery:	☐ Standard Delivery 10-14 business day delivery	☐ Expedited Delivery 2-3 business day delivery

1.4* Account Hierarchy: *Specify the complete 7- digit account Hierarchy Level (HL) to which this Central Account should be assigned. Each Hierarchy Level consists of 7 digits. If a new Hierarchy Level is needed, please indicate "NEW" in the corresponding Hierarchy Level to be added.*

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8

1.5* Agency/Organization Name:	

1.6* Central Account Name:	

1.7* Overall Account Credit Limit: Credit Limit not to exceed $200,000	

1.8 APC Contact Information:	Name*:	Business Fax Number:
	E-mail Address*:	
	Business Office Phone*:	Business Extension:

1.9 Statement Mailing Address: Address must be U.S., U.S. territory, APO/FPO/DPO. Application will not be processed if a foreign address is provided.	Attention:		
	Address Line 1*:		
	Address Line 2:		
	Address Line 3:		
	City or APO/FPO/DPO*:	State*:	Zip/Postal Code*: (Last 4 digits optional)
	Business Office Phone*:	Business Extension:	Business Fax Number:

1.10 Action Required:	☐ Add (Primary) ☐ Add (Alternate APC)	☐ Modify ☐ Delete *If requesting "Modify" or "Delete", provide User ID in space below*

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As this is a multi-page setup form, to prevent separation of pages during transmission, please indicate your Agency/Organization Name again:

1.11 Update Existing APC ID:	Update APC's existing ID with new HL? ☐ Yes. If yes, please provide current APC User ID: ☐ No

1.12 Systems Included:	☐ CTMS: CitiManager® Transaction Management System ▶▶▶	Select Level Access: ☐ Read Only ☐ Read & Write
	☐ CCRS: Citibank® Custom Reporting ▶▶▶	Select Level Access: ☐ Read Only ☐ Read & Write

1.13* Billing Cycle Preference:	Billing cycles between the 3rd and the 27th of each month are available. See the instructions for more detail. ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th ☐ 25th ☐ 26th ☐ 27th

1.14* Account to be used for the following transaction types: (check all that apply):	☐ Air/Rail ☐ Bus ☐ Car Rental ☐ Hotel ☐ Restaurants ☐ Other:

1.15* Account Classification	Bank Identification Number (BIN) Information (select one)				
	☐ 461427: DTS Central Bill Recon Module CPP	☐ 461426: Traditional Central Bill CPP	☐ 461429 Unit Card Central Bill CPP	☐ 461428: Special Program Central Bill CPP (Bus/Ground Transportation)	☐ 461470: Special Program Central Bill non-CPP (MEPS Accounts)

Section II: Electronic File Information

2.1* Account Reconciliation	a) Will your commercial Travel Agency perform an automated reconciliation of your account(s)?	☐ Yes. If yes, you must also complete Section 2.2. ☐ No
	b) Is this a DTS reconciled account?	☐ Yes ☐ No
	c) Invoice Only (Reconciled by APC)	☐ Yes ☐ No

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2.2* Travel Management Company (TMC):	☐ Alamo Travel ☐ Carlson Wagonlit Sato Travel ☐ CI Travel ☐ Omega World Travel ☐ U.S. Airline Alliance ☐ TravelCo ☐ Other. If selected, you must also complete Section 2.3
2.3* Electronic Interface File Recipient Information (Only required if "Other" selected in Section 2.2)	First Name: Middle Name: Last Name: Address Line 1: Address Line 2: Address Line 3: City: State: Zip/Postal Code: (Last 4 digits optional) Country: E-mail Address: Business Office Phone: Business Extension: Business Fax Number:

Section III: Transaction Account Information

3.1* Account Name	*If the account will be issued to a Travel Agency or an organizational unit within the federal government, indicate what the name of the account should be. This is the name that will appear on all reports for this account number. Type/print characters clearly in the fields below.*

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Section IV: Card/Unit Card Account Information

4.1* Central Account Number	Note: Input existing Central Account number for new unit card setup or indicate "NEW" if a new Corporate Account is needed.
4.2 Unit Cardholders:	(If additional card accounts need to be established, attach a separate, typed list providing the following information for each account required) Notes: • Account Name: Specify name as it should appear on the card (first name, middle name/initial and last name) • Last 4 Digits of Social Security Number: (Requested for account security purposes) **Contains personally identifiable information (PII) and should be handled in accordance with Federal and DoD Privacy Act Policy guidance.**
A.	Account Name: Last 4 SSN:
B.	Account Name: Last 4 SSN:
C.	Account Name: Last 4 SSN:
D.	Account Name: Last 4 SSN:
E.	Account Name: Last 4 SSN:
F.	Account Name: Last 4 SSN:
G.	Account Name: Last 4 SSN:
H.	Account Name: Last 4 SSN:
I.	Account Name: Last 4 SSN:
J.	Account Name: Last 4 SSN:
K.	Account Name: Last 4 SSN:

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Section V: Account Attributes

5.1* ATM Access Authorized	☐ Yes ☐ No
5.2* Special Embossing Instructions:	Indicate any special requirements for the second line of embossing. This is in addition to the cardholder's name (max 20 characters)
5.3* Unit or Transaction Account Credit Limit: Credit Limit not to exceed $200,000	$ .00
5.4* Should the Transaction Account holder or unit cardholder receive a paper statement for informational purposes only?	☐ Yes ☐ No

5.5* Account Controls:	Complete this section to customize the authorization controls on an account.		
Control Type:	Travel Limit	Cash Limit	Retail Limit
Limit Amount:	$ .00	$ .00	$ .00

Section VI: Comments

Section VII: Disclosures

7.1 Ohio Residents	**OHIO RESIDENTS:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.
7.2 New York Residents	**NEW YORK RESIDENTS:** New York residents may contact the New York State Department of Financial Services by telephone or visit its website for free information on comparative credit card rates, fees and grace periods. NY State Dept of Financial Services: 1-800-342-3736 or visiting www.dfs.ny.gov.
7.3 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.

Section VIII: Authorization

8.1* APC/CPM Information	Name (Type or print)	Business Office Phone
	Signature	Date

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Purpose:	Use this form to establish a Centrally Billed Account.	

Instructions:	<u>Who</u>:	This form is to be completed by the APC (Agency Program Coordinator) or CPM (Component Program Manager).
	<u>When</u>:	Complete this form when there is a need to establish a Centrally Billed Account.
	<u>How</u>:	**Special Notes:** Complete this form in accordance with the instructions provided below. Required fields are indicated with an asterisk (*) on the form. Incomplete forms cannot be processed and will be returned to the APC/CPM. Send completed forms via the instructions located on the last page of this document.

Section I: **Central Account Information**

1.1 Indicate Billing Type (required): Please select box if a new corporate account needs to be established.

1.2 Indicate Account Type (check one) (required): Indicate if a Transaction Account or Unit Card is to be established. The Transaction Account/Unit Card Account is the account to which the charges will be made. Complete the following sections depending on the setup required:

- Transaction Account: Section 3 (white plastic) and Section 5. All other Sections are optional.
- Unit Card Account: Sections 4 (unit card) and Section 5.

1.3 Plastic Delivery (check one) (required): Indicate whether the card should be mailed Standard Delivery within 10-14 business days, or Expedited within 2-3 business days.

A physical address must be provided for expedited card delivery.

1.4 Account Hierarchy (HL1 to HL8) (required): The hierarchy level (HL) number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Hierarchy levels are sequential and indicate the organization's pedigree.

1.5 Agency/Organization Name (required): The name of the agency/organization name to be associated with this Central Account.

1.6 Central Account Name (required): Specify the name that should be assigned to the Central Account. [Field length available: 25 positions. Data Type: Alphanumeric.]

1.7 Overall Account Credit Limit (required): This is the aggregate limit for all Centrally Billed Transaction Accounts that are assigned under this Central Account. The total of all sub-account transactions cannot exceed this limit, which is refreshed only upon receipt of payments against the balance due on the Central Account. **Credit limit should not exceed $200,000; requests that exceed $200,000 need to be reviewed as an exception and require further Citi approval; any such applications should be submitted to DoDAgencySupport@Citi.com.

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Section I: **Central Account Information** *(continued)*	**1.8 APC Contact Information (required):**
	• **Name:** The name of the Agency Program Coordinator responsible for this Central Account. [Field length available: 34 positions. Data Type: Alphabetic.]
	• **Business Office Phone:** The APC's accessible business telephone number, including the area code. For locations outside of the U.S., include the applicable two-digit to three-digit country code. You do not need to preface the number with an access code, such as "011" which is used to obtain an international telephone line. [Field length available: 17 positions. Data Type: Numeric.]
	• **Business Fax Number:** The APC's accessible fax number. [Field length available: 17 positions. Data Type: Numeric.]
	• **E-mail Address:** The APC's email address, if available. [Field length available: 60 positions. Data Type: Alphanumeric.]
	1.9 Paper Statement Mailing Address (required): The address to which the paper statement/invoice should be sent. Please limit this information to the number of positions specified below. Address must be U.S., U.S. territory, APO/FPO/DPO. Application will be rejected if the address is outside of the card issuing country.
	• **Attn:** Name of office or individual [Field length available: 40 positions. Data Type: Alphanumeric.]
	• **Address Line 1:** Indicate the street, P.O. Box or other address information. [Field length available: 40 positions. Data Type: Alphanumeric.]
	• **Address Line 2:** If needed, continue with the street, P.O. Box or other address information required for mail delivery. [Field length available: 40 positions. Data Type: Alphanumeric.]
	• **Address Line 3:** If needed, continue with the street, P.O. Box or other address information required for mail delivery. [Field length available: 40 positions. Data Type: Alphanumeric.]
	• **City: Self-explanatory.** [Field length available: 19 positions. Data Type: Alphabetic.]
	• **State: Self-explanatory.** [Field length available: 2 positions. Data Type: Alphabetic.]
	• **Zip Code: Self-explanatory.** [Field length available: 9 positions. Data Type: Numeric.]
	1.10 Action Required: Select action to be taken on user's access. If modify or delete is selected, provide the User ID in the space provided
	1.11 Update Existing APC ID (required): If the APC has never had an EAS User ID issued, regardless of whether it is currently active or not, check "YES." Otherwise, check "NO" or leave blank. If the APC is already an EAS user, indicate his/her existing User ID.
	1.12 Systems Included: Select appropriate systems and level access
	1.13 Billing Cycle Preference (required): Indicate the time of the month that the Central Account should bill. Citi will choose a billing cycle in the appropriate time frame you indicate unless your agency has already selected a billing cycle for you.
	Exact Date Requested: Indicate the billing cycle closing date you prefer, between the 3rd and the 27th of the month. (Please note that billing cycles falling on the 1st, 2nd, 28th, 29th, 30th and 31st of the month are not available.)

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Section I: **Central Account Information** *(continued)*	**1.14 Account to be used for the following transaction types (required):** You may restrict the types of charges incurred on the Transaction Account by indicating which of the following merchant categories are authorized for this account. • **Air/Rail:** The purchase of airline tickets and related travel agency fees only. The purchase of train tickets. • **Bus:** The purchase of tickets on common carrier and chartered buses. • **Car Rental:** The purchase of rental cars. • **Hotel:** The purchase of lodging and related services. • **Restaurant:** The purchase of meals. • **Other:** List the types of merchants this account can be used at. **1.15 Account Classification (required):** select the appropriate Bank Identification Number. Select only one. If "461427:DTS Central Bill Recon Module CPP" is selected, you must check "Yes" in section 2.1b.
Section II: **Electronic File Information**	**2.1 Account Reconciliation (required):** a) Many commercial Travel Agencies perform an automated reconciliation of travel account invoices, comparing travel reservations booked and trips actually taken against billing data. You will need to complete Fields 2.2 so that Citi can setup an electronic invoice file. b) This will be an automated reconciliation using the DTS recon module. If you answer "Yes" your BIN for Field 1.16 has to be "461427:DTS Central Bill Recon Module CPP" c) Select "Yes" if you answered "No" to (a) and (b) AND no reconciliation file is needed for this account. **2.2 TMC (required):** Specify your Travel Management Company (TMC) by selecting the appropriate box. Check one box only. **2.3 Electronic Interface File Recipient (TMC) (required if "Other" selected in Section 2.2):** The office designated to receive and process the electronic invoice. This may be your Travel Agency, also known as the Travel Management Center (TMC) that handles travel reservations and ticketing. The Travel Agency often performs Centrally Billed Account reconciliation for the agency/organization. • **First & Middle Names:** Self-explanatory. [Field length available: 26 positions. Data Type: Alphabetic.] • **Last Name:** Self-explanatory. [Field length available: 26 positions. Data Type: Alphabetic.] • **Address Line 1:** Indicate the street, P.O. Box or other address information. [Field length available: 41 positions. Data Type: Alphanumeric.] • **Address Line 2:** If needed, continue with the street, P.O. Box or other address information required for mail delivery. [Field length available: 41 positions. Data Type: Alphanumeric.] • **Address Line 3:** If needed, continue with the street, P.O. Box or other address information required for mail delivery. [Field length available: 41 positions. Data Type: Alphanumeric.] • **City:** Self-explanatory. [Field length available: 13 positions. Data Type: Alphabetic.] • **State:** Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.] • **Zip Code:** Self-explanatory. [Field length available: 9 positions. Data Type: Numeric.] • **Country:** Self-explanatory. If left blank, the default value will be USA. • **E-mail Address:** The file recipient's e-mail address, if available. [Field length available: 41 positions. Data Type: Alphanumeric.]

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Section II: **Electronic File Information** *(continued)*	• **Business Office Phone:** The file recipient's accessible business telephone number, including the area code. For locations outside of the U.S., include the applicable two-digit to three-digit country code. You do not need to preface the number with an access code, such as "011" which is used to obtain an international telephone line. [Field length available: 17 positions. Data Type: Numeric.] • **Business Fax Number:** The file recipient's accessible fax number, if available. [Field length available: 17 positions. Data Type: Numeric.]
Section III: **Transaction Account Information**	**3.1 Account Name (required):** If the account will be issued to a Travel Agency or an organizational unit within the federal government, indicate what the name of the account should be. This is the name that will appear on all reports for this account number. [Field length available: 25 positions. Data Type: Alphanumeric.

Section IV:
Card/Unit Card Account Information
	4.1 Central Account Number (required): The 16-digit roll-up account number assigned to the Central Account. Complete only if adding new unit cardholder accounts under an existing Central Account. *If you are requesting establishment of both a Central Account and unit card accounts on the same setup form, indicate "NEW."*
	
	4.2 Unit Cardholders: Use this section to list up to eleven individuals to whom unit cards should be issued. If you need to establish more than eleven unit card accounts with this application request, simply attach a separate sheet of paper with the following information for each additional account.
	
	• **Account Name:** Specify the account holder's first name, middle initial and last name, exactly as you wish to have it embossed on the card. [Field length available: 21 positions. Data Type: Alphabetic.]
	
	If you are requesting a legal name change on an existing unit card account, you must send a photocopy of one of the following or any other official documentation that reflects the name change with this form:
	
	    • Driver's license
	
	    • Marriage certificate
	
	    • Social Security card
	
	A new card will be issued to the cardholder as a result of any name change.
	
	• **Last 4 Digits of Social Security Number: Self-explanatory. Requested for account security purposes only.**

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Section V:
Account Attributes
	5.1 ATM Access Authorized (required): Check whether or not ATM access should be available to the account holder. Cash access is only available if a card is issued on a Centrally Billed Account.
	
	5.2 Special Embossing Instructions (required): Complete only if additional information should be embossed below the account name on the card, such as the agency name or account restrictions. [Field length available: 20 positions. Data Type: Alphabetic.] (If more than 20 positions are indicated, Citi reserves the right to modify the information accordingly.)
	
	5.3 Unit or Transaction Account Credit Limit (required): This limit will control spending on the account only within its billing cycle. During the cycle, the account will accumulate transactions as a memo balance that will refresh to zero each cycle. Credit limit cannot exceed the overall credit limit assigned in Section 1.8.
	
	5.4 Should the Transaction Account holder or unit cardholder receive a paper statement for informational purposes only? (required): Check "Yes" if an account holder will bear some responsibility for verifying and/or reconciling transactions that are billed to the Central Account.
	
	5.5 Account Controls (required): Use this section to customize the spending restrictions that will be placed on this account.
	
	• **Control Type:** Three different account controls are available for the Travel Card Program. These controls are designed to limit account spending on a per cycle basis. Additional limits to restrict purchases from specific merchant(s) or type(s) of merchant(s) can be set by contacting Commercial Card Services or making changes in CCMS.
	
	  • **Travel Limit:** Amount that may be spent for purchases that are categorized as travel-related, e.g. airline tickets, car rental, lodging, meals, etc.
	
	  • **Cash Limit:** Amount of cash that may be withdrawn for any specified period if ATM access is authorized.
	
	  • **Retail Limit:** Amount that may be spent for items purchased from approved merchants as determined by selected Merchant Category Codes.
	
	• **Limit Amount:** Indicate the maximum dollar amount available for Travel, Cash and Retail transactions.

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Section VI: **Comments**	Use this section to provide any information regarding this Central/Transaction Account Setup that you would like Citi to know. For example, if you would like to designate more than one alternate APC, please do so here.
Section VII: **Disclosures**	**7.1 Ohio Residents:** Ohio residents only. **7.2 New York Residents:** New York residents only. **7.3** Mobile Phone Consent statement.
Section VIII : **Authorization**	**8.1 APC/CPM (Name) (required):** Type or print the name of the person authorized to request a Central/Transaction Account or Unit Card Account setup. **Signature (required):** APC/CPM's signature. **Business Office Phone (required):** Enter or print the APC/CPM's accessible business telephone number. **Date (required):** Enter or print date form is signed by APC/CPM.
	Submit Request form via mail or fax as follows: **Citibank Commercial Cards** **P.O. Box 10085** **Norfolk VA 23513** **FAX TO: 866-951-8005**