



Cardholder Change Account Form

Citibank® Government Travel Card Program

Instructions:

Section I of this form can be completed by the cardholder or 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 1-866-713-5029.

Date:	
Attention:	
Fax:	1-866-713-5029

Section I: Change Cardholder Personal Information

A	Cardholder & Account Information	Complete this section for all cardholder account changes that need to be made. Changes cannot be processed without this information.																											
		Check Box to Close Account						Reason for Closure																					
		Cardholder Name*						SSN#																					
		Cardholder Account Number* (Please enter in space provided below.)																											
		<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																											
B	Name	In addition to completing section A, if you are an APC, complete this section to correct a cardholder's name. Please include both prior and new information. Name changes require legal documentation for processing and will result in issuance of a new card. (Individually Billed Accounts only). Examples of legal documentations include, but are not limited to, a copy of a Marriage Certificate and/or Identification Card.																											
		Prior	First Name						Last Name				MI																
		New	First Name						Last Name				MI																
C	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																											
		City or APO/FPO						State																					
		Zip/Postal Code						Country																					
D	Telephone, Fax & Email	In addition to completing Section A, complete this section to update a commercial telephone/fax number or email address. Telephone and fax numbers should include international country codes.																											
		New																											
		Home Phone																											
		Commercial Phone																											
		Commercial Fax																											
		Email Address																											
E	Completed By*	Type or Print Name		Title	APC		Commercial Phone																						
				Date	Cardholder		Commercial Fax																						
		Signature																											

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

Citi Transaction Services

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Section II: Change Cash Access or Spending Limit Information – to be completed by APC

A	Account Number	To be completed by APC																			
	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													
B	Cash Access	Cash Access <input type="checkbox"/> No <input type="checkbox"/> Yes																			
C	Credit/ Cash Limit Increase	Complete this section to temporarily increase the credit/cash limits on an account. Temporary limit increases may be used for up to 12 months.																			
		Limits	Reason for Credit/Cash Limit Increase																		
			If request is for Temporary Increase, a Start and End Date must be provided.																		
			Credit Limit	\$	Start Date*				End Date*												
D	Completed By*	Type or Print Name				Title	APC Cardholder	Commercial Phone													
		Signature				Date		Commercial Fax													

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

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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.		
<u>Who:</u>	This form is to be completed by Cardholder and/or APC.		
<u>When:</u>	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.		
<u>How:</u>	<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"> • <u>Check Box to Close Account:</u> Please check box and provide reason for closure. • <u>Cardholder Name*:</u> Enter name of cardholder (as it appears on the card) requesting change. • <u>Cardholder Account Number*:</u> Indicate cardholder's 16-digit account number. <p>B. Name</p> <ul style="list-style-type: none"> • <u>Prior:</u> Provide cardholder's previous name (first, last, MI), rank/grade and military status. • <u>New:</u> Provide cardholder's new name (first, last, MI), rank/grade and military status. <p>C. Change of Address</p> <ul style="list-style-type: none"> • <u>New Billing Address:</u> Provide cardholder's new address where future bills should be sent. <p>D. Telephone, Fax & Email</p> <ul style="list-style-type: none"> • <u>New Telephone, Fax & Email:</u> Provide cardholder's new home, commercial and fax telephone numbers to include area code and international country code (Do not provide DSN). Also, provide cardholder's new email address. <p>E. 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>Commercial & Fax Phone:</u> Provide Commercial 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. • <u>Date:</u> Date of signature. 	
	<p>Section II: Change Cash Access or Spending Limit Information</p> <p><i>This section is to be completed by the APC</i></p>	<p>A. Account Number & Account Hierarchy</p> <ul style="list-style-type: none"> • <u>Account Number:</u> Provide account number (not required). • <u>Account Hierarchy:</u> Complete as many of the 5-digit Hierarchy Level numbers as appropriate for your hierarchy point (up to 7 levels). <p>B. Cash Access</p> <ul style="list-style-type: none"> • <u>Cash Access:</u> Select "Yes" or "No" to identify whether the cardholder should have cash access. (Note: The limit default for a standard account is \$665. The limit default for a restricted account is \$365). 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 up to 12 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>Commercial & Fax Phone</u>: Provide Commercial 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.• <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: 1-866-713-5029</p>