

Individual Account Reissues, Closure and Change Form

Citibank® Government Travel Card Program

Instructions:

CPMs / APCs complete this form to report issues with cards that were **mailed to the cardholders address of record**. *Indicates required field. Please TYPE or PRINT information.

Date:	
Attention:	Citi Card Deployment Team
Fax:	866-951-8005 757-818-6893

Section I: Cardholder Information

Cardholder Name*:	(Enter name as it appears on Cardholder the card, if applicable)										
Last 6 digits of Citi Account Number (if available):							Last 4 digits of Social Security Number*:				
Agency*:	Please select the agency to which the cardholder is aligned.										
	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Independent. Indicate name of agency here:										

Section II: Close Account

Complete this section only when requesting an account be closed. * represents required items for this section.

Reason for Closure*:	<input type="checkbox"/> Cardholder deceased <input type="checkbox"/> Cardholder no longer employed	Confirm Card Destruction:	Have you appropriately destroyed the card? Please see the instructions for approved destruction methods. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section III: Card Change/Reissue Details

Reason for Reissue*	<input type="checkbox"/> Card not received <input type="checkbox"/> Card destroyed in error <input type="checkbox"/> Cardholder name incorrect <input type="checkbox"/> Cardholder address incorrect										
Information to be Updated:	Only enter information that needs to be changed as it relates to the cardholder. (Note: If submitting bulk change requests, please attach a spreadsheet to include Cardholder Name (required), Last 4-digits of SSN (required) Address Line 1, Address Line 2, City, State, Zip/Postal Code, Country and Other Changes.)										
	Cardholder Name: _____										
	Address Line 1: _____										
	Address Line 2: _____										
	City:	_____	State:	_____	Zip/Postal Code:	_____	Country:	_____			
Delivery Method*	Other:	If no selection is made from the options below, the card will be mailed standard delivery <input type="checkbox"/> Standard <input type="checkbox"/> Expedited									

Section IV: Authorization*

APC/CPM Information*:	The individual completing this form must be an APC or CPM.										
	Print or type Name and Title:						Business Phone (Commercial Access Number Required - Include Area or Country Code) Ext.				
	Signature:						Date:				

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Instructions Sheet

Purpose:	Complete this form when there is a need to report a card that is undeliverable to the cardholder or to close an account.		
Instructions:	Who:	This form is to be completed by the APC or CPM	
	When:	Complete this form when there is a need to have a card reissued or closed.	
	How:	Section I:	Cardholder Information: <ul style="list-style-type: none"> • <u>Cardholder Name (required)</u>: Enter the name of the cardholder as it appears on the card • <u>Last 6-digits of Citi Account Number (if available)</u>: Enter the last 6-digits of the cardholder's account number if available. • <u>Last 4-digit of Social Security Number (required)</u>: Enter last 4-digits of the cardholder's social security number • <u>Agency (required)</u>: Select the agency to which the cardholder is assigned
		Section II:	Close Account: Complete this section only when an account is to be closed. <ul style="list-style-type: none"> • <u>Reason for Closure (required)</u>: Select the appropriate reason for the account is being closed. • <u>Confirm Card Destruction (required)</u>: If the card is undeliverable or the account is to be closed, the card must be properly disposed of (i.e. cut up or shredded). Once the card is destroyed, indicate that this action has been completed. Do NOT forward it to the cardholder
		Section III:	Card Change/Reissue Details <ul style="list-style-type: none"> • <u>Reason for Reissue (required)</u>: Select the appropriate reason for the reissue of the card • <u>Information to be Updated (required)</u>: Provide the corrected cardholder information to be updated • <u>Address (lines 1 & 2), City, State, Zip/Postal Code & Country</u>: Enter the complete address. Note: If submitting bulk requests, please attach a spreadsheet to include the following information: <ul style="list-style-type: none"> • Cardholder Name (required) • Last 4-digits of SSN (required) • Address Line 1 • Address Line 2 • City • State • Zip/Postal Code • Country • Other Changes • <u>Delivery Method (required)</u>: select the best option.
		Section IV:	Authorization: <ul style="list-style-type: none"> • <u>Print or Type</u>: Enter name (print or type) and title of APC / CPM completing this form • <u>Business Phone</u>: Enter the APC / CPM commercially accessible business telephone numbers, including area / country code and extension, if applicable • <u>Signature</u>: APC / CPM signature • <u>Date</u>: Enter the date the form is signed by APC / CPM
Submit Request form with supporting documentation via fax to: Attention: Citi Card Deployment Team FAX Numbers: 866-951-8005 757-818-6893			