Citibank® Mastercard® Government Fleet Card

Driver Maintenance Form for Plastics

Note: This form should be completed by the A/OPC with input from the Cardholder for Driver cards.

Section I: Instructions

1.	Fill in the individual Government Card number here: _____
2.	Fill in the Cardholder's name as it appears on his/her Government Card: _____
3.	Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. Fax completed form to 605-330-6801 or mail to: Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.
4.	Mark all the changes that apply: ☐ Address Change ☐ Dollar Limit per Cycle Change ☐ Cancel Acct. ☐ Name Change ☐ Dollar Limit per Transaction Change ☐ Other (please specify)_____ ☐ Hierarchy Change ☐ Transaction Limit per Day Change _____

Section II: Cardholder (Driver) Information (Please Print)

(1)
_____

*First Name of Cardholder   ***Middle** Initial   ***Last** Name (maximum 24 characters total)

(2)   (3)
_____   _____

*Agency/Organization Name (maximum 24 characters)   *Verification Information

(4)   (5)   (6) *Emboss "Fuel Only" Code ☐ Yes ☐ No
_____   _____   _____

4th Line Embossing   *Driver # to appear on the Card (6 characters **MANDATORY**)

(7)   (   )
_____   _____

*Business Mailing Street Address Line 1 (maximum 36 characters)   *Business Phone

                                                         (8)
_____   _____

Business Mailing Street Address Line 2 (maximum 36 characters)   4-Digit Card Activation Number

_____

*City   *State   *Zip Code   Country

                                                         (   )
_____   _____

E-mail Address   Fax Number

(9)
_____

Discretionary Code 1 (maximum 12 characters)   Discretionary Code 2 (maximum 20 characters)

_____

Discretionary Code 3 (maximum 15 characters)

(10)
_____

Master Accounting Code (maximum 75 characters)

Citibank® Mastercard® Government Fleet Card

Driver Maintenance Form for Plastics

Section III: Reporting Parameters

*Current Reporting Hierarchy: (11) _____

*Reporting Hierarchy: (11) _____

*Processing Unit ID#:   (12) _____ (maximum 5 characters)

Section IV: Authorization Parameters

*Dollar Limit per Cycle $: (13) _____   Transaction $: (14) _____   Driver Indicator = **D**   Authorize = **O**

Transaction Limit per Day: (15) _____   *Assigned Vehicle # or Driver Table Name: (16) _____

*Product Type: (17) _____   MCC Restriction Template: (18) _____

(17) Product Type: 1 = Prompt for ID # and odometer
                            2 = Prompt for vehicle # and odometer
                            3 = Prompt for driver # and odometer
                            4 = Prompt for odometer
                            5 = No prompt

(19) *Product Restriction Code: ☐ 1   or   ☐ 2 (check one)

(19) Product Restriction Code: 1 = Good for fuel and other products
                            2 = Good for fuel only

Section V: *Plastic Type (Please check one)

(20)   ☐ Government Standard   ☐ Quasi-Generic   ☐ Generic

Section VI: (21) Cardholder (Driver) Signature

I understand that the card is to be used for official purchases only. I understand it is my responsibility to notify Citibank at 1-800-790-7206 (overseas call collect 904-954-7850) immediately if my card is lost or stolen.

*Cardholder (Driver's) Signature _____ Date _____

*Cardholder (Driver's) Name (printed) _____ Date _____

Section VII: (22) Agency/Organization Program Coordinator Signature

*Approving Agency/Organization Program Coordinator's Signature _____ Date _____

*Approving Agency/Organization Program Coordinator's Name (printed) _____ Date _____

*Asterisked fields must be completed prior to submission.

Numbers in parentheses correspond to numbers on guide sheet on next page.

Guide to Citibank® Mastercard® Government Fleet Card

Driver Maintenance Form for Plastics

Form used to add a new account.

Section I: Instructions

Mark the appropriate type of maintenance request.

Section II: Cardholder (Driver) Information

1.	**Name of Cardholder:** Full Name of Cardholder – First name, middle initial and last name (maximum 24 characters total).
2.	**Agency/Organization Name:** Name of Cardholder's Agency.
3.	**Verification Information:** Benefits Comp Date (SF50) Form or favorite food. This information will be requested of the Cardholder when he/she contacts Citibank Customer Service for assistance.
4.	**4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the location or department name.
5.	**Driver #:** Enter Agency-assigned six-digit driver number as it will appear on the card.
6.	**Emboss "Fuel Only" Code:** Indicate "Y" or "N" whether "Fuel Only" is embossed on the card. This will restrict purchase to fuel only.
7.	**Business Mailing Street Address:** Address where the card and statements will be mailed.
8.	**4-Digit Card Activation Number:** Used for card activation. Cardholder provides a four-digit number to activate the card.
9.	**Discretionary Code:** Alpha and/or Numeric Agency-assigned code. This information appears on the Cardholder's profile. **Note:** The Agency may have up to three different discretionary codes for each Cardholder.
10.	**Master Accounting Code:** Default accounting code (i.e., general ledger code) for this card's transactions.

Section III: Reporting Parameters

11.	**Reporting Hierarchy:** The five-digit reporting code assigned to each level within the organizational hierarchy that defines the Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Specialist for your Agency's specific codes.
12.	**Processing Unit #:** Five-digit ID code used if card(s) will be shipped to central address(es). Contact your Client Account Manager for your Agency's specific codes.

Section IV: Authorization Parameters

13.	**Dollar Limit per Cycle $:** Monthly spending limit.
14.	**Dollar Limit per Transaction $:** Dollar limit on a single transaction.
15.	**Transaction Limit per Day:** Number of transactions a Cardholder can perform per day.
16.	**Assigned Vehicle # or Driver Table Name:** Enter Agency-assigned six-digit ID number.
17.	**Product Type:** Select the product options that best suit needs: 1) ID # and odometer; 2) vehicle # and odometer; 3) driver # and odometer; 4) odometer only; or 5) None.
18.	**MCC Restriction Template:** Merchant blocking schemes. For example, A/OPC may want to block certain types of merchants from being accessed by Cardholder. Contact your Client Account Specialist for your Agency's MCC template.
19.	**Product Restriction Code:** Code that restricts use of specific products/services. Check one: 1) Good for fuel and other products or 2) Good for fuel only.

Guide to Citibank® Mastercard® Government Fleet Card

Driver Maintenance Form for Plastics

Section V: Plastic Type

20.	**Plastic Type:** Card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain silver plastic embossed with Government-assigned account number; 3) Generic: Plain silver plastic embossed with NON-Government-assigned account number.

Section VI: Cardholder (Driver) Signature

21.	**Cardholder's (Driver's) Signature:** Cardholder (Driver) must sign for acknowledgement. The Cardholder (Driver) must also print his or her name.

Section VII: A/OPC Signature

22.	**Approving Agency/Organization Program Coordinator's Signature:** Program Coordinator must sign for approval. The A/OPC must also print his or her name.