

CITIBANK® GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS
1. To change information for existing accounts: a. Complete section II with the type of request. *****Fill in only the applicable fields to be updated.***** b. Fill in the individual Government Card number : _____ c. Fill in the cardholder's name as it appears on his/her Government Card: _____ 2. Approved copy to be maintained in Agency/Organization Program Coordinators files. 3. Fax completed form to 605-330-6801 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125. 4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.	

SECTION II (1)	TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)										
<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><input type="checkbox"/> A. Cardholder Information Change (Section III)</td> <td style="width:50%; border:none;"><input type="checkbox"/> F. Cash Advance Limit Change (Section V)</td> </tr> <tr> <td style="border:none;"><input checked="" type="checkbox"/> B. Hierarchy Change (Section IV)</td> <td style="border:none;"><input type="checkbox"/> G. Number of Transactions Limit Change (Section V)</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> C. MCC/Blocking Change (Section V)</td> <td style="border:none;"><input type="checkbox"/> H. Account Closure</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)</td> <td style="border:none;">Reason _____ PCS REPORTING / DEPARTING (Section VI)</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)</td> <td style="border:none;">Other Changes: _____</td> </tr> </table>		<input type="checkbox"/> A. Cardholder Information Change (Section III)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V)	<input checked="" type="checkbox"/> B. Hierarchy Change (Section IV)	<input type="checkbox"/> G. Number of Transactions Limit Change (Section V)	<input type="checkbox"/> C. MCC/Blocking Change (Section V)	<input type="checkbox"/> H. Account Closure	<input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)	Reason _____ PCS REPORTING / DEPARTING (Section VI)	<input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	Other Changes: _____
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<input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	Other Changes: _____										

SECTION III	CARDHOLDER INFORMATION (Please Print)	
(2)		
*First Name of Cardholder	Middle Initial	Last Name (maximum 24 characters total)
(3) DHS - USCG		
Agency/Organization Name (maximum 24 characters)		
(4)	(5)	
*4th Line Embossing (maximum 20 characters)	Social Security Number (Travel Card only)	
(6)	(6)	()
Home Mailing Street Address Line 1 (maximum 36 characters)		Home Phone Number
(6)		
Home Mailing Street Address Line 2 (maximum 36 characters)		
(6)		
City	State	Zip Code
(7)		(7)
Business Mailing Street Address Line 1 (maximum 36 characters)		Business Phone Number
(7)		(8) Yes or No
Business Mailing Street Address Line 2 (maximum 36 characters)		City Pair Program (circle one)
(7)		
City	State	Zip Code
(9)		Country
E-mail Address		
(10)		(11)
Fax Number		Discretionary Code 1 (maximum 12 characters)
(11)		(11)
Discretionary Code 2 (maximum 20 characters)		Discretionary Code 3 (maximum 15 characters)

SECTION IV	REPORTING PARAMETERS
(12) Current Reporting Hierarchy: _____	
(13) New Reporting Hierarchy: _____	
(14) Processing Unit #: _____ (maximum 5 characters)	
(14a) MAC/LOA/ASC: _____	

SECTION V (15)	AUTHORIZATION PARAMETERS
New Dollars per Cycle Limit: \$ _____ Convenience Checks (Purchase): Y_____ N_____ 2 Books_____ 6 Books_____	
New Dollars per Transaction Limit: \$ _____ If eligible for Convenience Checks, maximum payment amount equals: \$ _____	
New Number of Transactions per: Cycle:_____ Day:_____ ATM Access: Y_____ N_____ Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____	
New MCC Template Name: _____ Travellers Cheques (Travel): Y_____ N_____	

SECTION VI	ACCOUNT CLOSURE INSTRUCTIONS
1. A/OPC needs to advise cardholders to destroy their card(s). 2. A/OPC needs to advise cardholders to destroy any unused convenience checks.	
3. A/OPC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).	

SECTION VII	(16) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER
*Approving Agency/Organization Program Coordinator's Signature _____ Date _____	
*Approving Agency/Organization Program Coordinator's Name (printed) _____ Date _____	
*Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) _____	
*Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) _____	

*With revisions, a new card will automatically be sent. You must call Customer Service to have card activated.
Numbers in parentheses correspond to numbers on guide sheet on next page.

Global Transaction Services

GUIDE TO CITIBANK[®] GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

Form used to update information regarding purchase or travel cards.

Section I – Instructions

Section II – Type of Maintenance Request

1. **Type of Request:** Select all maintenance updates that apply.

Section III – Cardholder Information

2. **Cardholder Name:** Provide first name, middle initial and last name of cardholder (maximum 24 characters total).
3. **Agency/Organization Name:** Provide name of cardholder's agency/organization (maximum 24 characters).
4. **4th Line Embossing:** Indicate information to appear on 4th line of card (maximum 20 characters).
5. **Social Security Number:** Provide social security number of cardholder (for Travel Card only).
6. **Home Address and Phone Number:** Supply complete home address of cardholder, including street, apartment (if applicable), city, state, zip and country. Also provide home phone number of cardholder including area code.
7. **Business Address and Phone Number:** Provide complete business address of cardholder, including street, floor/suite, city, state, zip and country. Also provide business phone number of cardholder including area code.
8. **City Pair Program:** Indicate if this is a City Pair program by circling "yes" or "no."
9. **E-mail Address:** Provide complete e-mail address of cardholder.
10. **Fax Number:** Provide fax number of cardholder including area code.
11. **Discretionary Code 1-3:** Please provide appropriate discretionary codes where applicable.

Section IV – Reporting Parameters

12. **Current Reporting Hierarchy:** Please indicate cardholder's current reporting hierarchy.
13. **New Reporting Hierarchy:** Provide cardholder's new reporting hierarchy, if different.
14. **Processing Unit #:** Provide cardholder's five-digit billing site number Corp ID #.
- 14a. **Master Accounting Code (MAC)/Line of Accounting (LOA)/Accounting String Code (ASC):** Default accounting code or Line of Accounting string.

Section V – Authorization Parameters

15. **Authorization Parameters:** Please complete all information requested regarding parameters of card/cardholder privileges.

Section VI – Account Closure Instructions

Section VII – Agency/Organization Program Coordinator Signature and Phone Number:

16. **A/OPC Signature and Date:** Please provide authorized signature, phone and fax number of agency/organization program coordinator and date that the document is submitted.

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