



Cardholder Change Account Form

Citibank® Government Travel Card Program

Instructions:

Section I of this form can be completed by the cardholder or Agency Program Coordinator (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 1-605-330-9900.

Date:	
Attention:	
Fax:	605-330-9900 866-312-8586

Section I: Change Cardholder Personal Information – to be completed by cardholder or APC

A	Cardholder & Account Information	Complete this section for all cardholder account changes that need to be made. Changes cannot be processed without this information.																										
		Cardholder Name*																										
Cardholder Account Number* (Please enter last 6 digits only in space provided below.)																												
<table border="1" style="width:100%; text-align:center;"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												X	X	X	X	X	X	X	X	X	X	X						
X	X	X	X	X	X	X	X	X	X	X																		
B	Account Upgrade	This section is for an account holder with a restricted account who would like to apply for an account upgrade to a standard account. The account holder must sign this box thereby authorizing the bank to obtain a credit score. Cardholder name and account number are required in Section A (above).																										
		By signing below, I, the cardholder, hereby authorize the bank to obtain credit scores on me as described in the cardholder agreement. PLEASE RETAIN A COPY FOR YOUR RECORDS.																										
		Cardholder*	Name (type or print)*																									
			Signature*										Date*															
		APC	Name (type or print)*																									
			Signature*										Date*															
C	Full Name	Prior	First Name						Last Name				MI															
			First Name						Last Name				MI															
		New	First Name						Last Name				MI															
			First Name						Last Name				MI															
	Embossed Name (name to appear on card)	Prior																										
		New																										
D	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																										
		Address Line 3																										
		City or APO/FPO									State																	
		Zip/Postal Code									Country																	

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



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Section I: Change Cardholder Personal Information (continued)

E	Telephone, Fax & Email	<i>In addition to completing section A and/or B above, complete this section to update a business telephone/fax number or email address. Telephone and fax numbers should include international country codes.</i>													
		New													
		Home Phone													
		Business Phone						Business Extension							
		Business Fax													
Email Address															
F	Completed By*	Type or Print Name						Title	<input type="checkbox"/> APC		Business Phone				
									<input type="checkbox"/> Cardholder		Business Fax				
		Signature												Date	

Section II: Change Cardholder Account, Card Type, Cash Access or Spending Limit Information – to be completed by APC

A	Central Account Number	<i>To be completed by APC. Enter last 6 digits only.</i>													
		X X X X X X X X X X													
	Account Hierarchy	<i>To be completed by APC. Specify the complete hierarchy level number that pertains to your organization.</i>													
		HL1			HL2			HL3			HL4				
HL5			HL6			HL7			HL8						
B	Cash Access	<i>Complete this section to add the ability for the cardholder to obtain cash.</i>													
		Cash Access						<input type="checkbox"/> No <input type="checkbox"/> Yes		Cash limit defaults are \$250 for Standard and Restricted					
C	Temporary Credit/Cash Limit Increase	<i>Complete this section to temporarily increase the credit/cash limits on an account. The length of time for temporary limit increases are as follows:</i>													
		<ul style="list-style-type: none"> Standard accounts: Up to 12 months Restricted accounts: Up to 6 months 													
		Limits	Credit Limit	\$	Start Date* (mm/dd/yyyy)			End Date* (mm/dd/yyyy)							
			Cash Limit	\$	Start Date* (mm/dd/yyyy)			End Date* (mm/dd/yyyy)							
D	Completed By*	Type or Print Name						Title	<input type="checkbox"/> APC		Business Phone				
									<input type="checkbox"/> Cardholder		Business Fax				
		Signature												Date	

*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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;"> Section I: Change Cardholder Personal Information <i>This section is to be completed by the Cardholder or the APC</i> </td> <td style="vertical-align: top;"> A. Cardholder & Account Information <ul style="list-style-type: none"> • <u>Cardholder Name*</u>: Enter name of cardholder (as it appears on the card) requesting change • <u>Cardholder Account Number*</u>: Indicate last 6 digits only of cardholder's 16-digit account number B. Account Upgrade <u>Cardholder Name, Signature and Date</u>: Applicant types or prints name, signs and dates the form thereby authorizing the bank to obtain a credit score. Applicant is required to complete section B including name and account number. Notification of decline will be sent via letter to the applicant. </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> C. Name <ul style="list-style-type: none"> • <u>Prior</u>: Provide cardholder's previous name (first, last, MI) • <u>New</u>: Provide cardholder's new name (first, last, MI) </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> D. Change of Address <ul style="list-style-type: none"> • <u>New Billing Address</u>: Provide cardholder's new address where future bills should be sent </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> E. Telephone, Fax & Email <ul style="list-style-type: none"> • <u>New Telephone, Fax & Email</u>: Provide cardholder's new home, business and fax telephone numbers to include area code and international country code (Do not provide DSN). Also, provide cardholder's new email address. </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> F. Completed By* <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>Business & Fax Phone</u>: Provide Business 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. Wet or Digital signature accepted. • <u>Date</u>: Date of signature </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> Section II: Change Cardholder Account, Card Type, Cash Access or Spending Limit Information <i>This section is to be completed by the APC</i> </td> <td style="vertical-align: top;"> A. Central Account Number & Account Hierarchy <ul style="list-style-type: none"> • <u>A Central Account Number</u>: Enter the last six digits of the account number (not required) • <u>Account Hierarchy</u>: Complete as many of the 7-digit Hierarchy Level numbers as appropriate for your hierarchy point (up to 8 levels). B. Cash Access <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 standard accounts and restricted accounts is \$250. PIN's can be customized by the cardholder by calling the customer service number on the back of their card. </td> </tr> </table>	Section I: Change Cardholder Personal Information <i>This section is to be completed by the Cardholder or the APC</i>	A. 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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:<ul style="list-style-type: none"><input type="checkbox"/> Standard Accounts: Up to 12 months<input type="checkbox"/> Restricted Accounts: Up to 6 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>Business & Fax Phone</u>: Provide Business 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. Wet or Digital signature accepted.• <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: 1-605-330-9900 866-312-8586</p>