



Government Civilian Agency Cardholder Change Account Form

Citi credit check for account upgrade

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.)											
		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	
		New	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	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.												
		New												
		Home Phone												
		Business Phone						Business Extension						
		Business Fax												
Email Address														
F	Mobile Phone Consent	By providing your phone number, you agree that we or our service providers can contact you at that number by text message, artificial voice, pre-recorded or autodialed calls. Your phone plan charges may apply. You may opt out by e-mailing optoutphoneconsent@citi.com .												
		Mobile Phone												
G	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	To be completed by APC. Enter last 6 digits only.														
		X	X	X	X	X	X	X	X	X	X					
	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				HL8				
B	Cash Access	Complete this section to add the ability for the cardholder to obtain cash.														
		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	Complete this section to temporarily increase the credit/cash limits on an account. The length of time for temporary limit increases are as follows: <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				

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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>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 <p>B. Account Upgrade</p> <p><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.</p> <p>C. Name</p> <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) <p>D. 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>E. Telephone, Fax & Email</p> <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. <p>F. 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>Section II: Change Cardholder Account, Card Type, Cash Access or Spending Limit Information</p> <p><i>This section is to be completed by the APC</i></p>	<p>A. Central Account Number & Account Hierarchy</p> <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). <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 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.



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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>