

CITIBANK[®] NAVY PURCHASE 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	<u>INSTRUCTIONS</u>
1. To change information for existing accounts: <ol style="list-style-type: none"> a. Fill in the Cardholder's name exactly as it appears on his/her Citibank[®] Government Card: _____ b. Fill in the Cardholder's individual Citibank Government Card account number: _____ c. Complete Section II by marking the type of request. 	
2. Approved copy to be maintained in Agency/Organization Program Coordinator's files.	
3. Fax completed form to 605-357-2092 or mail to Citibank [®] Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	
4. All changes will be completed within three (3) business days unless requesting to move a particular Cardholder from one billing site to another. These changes will be made the next business day after the Agency/Organization's cycle date.	

SECTION II	<u>TYPE OF CARDHOLDER MAINTENANCE REQUEST</u> ("X" all applicable)
<input type="checkbox"/> A. Cardholder Information Change (Section III)	<input type="checkbox"/> F. Transaction Limit Change (Section V)
<input type="checkbox"/> B. Hierarchy Change (Section IV)	<input type="checkbox"/> G. Account Closure (Section VI)
<input type="checkbox"/> C. MCC/Blocking Change (Section V)	<input type="checkbox"/> H. Other Changes: _____
<input type="checkbox"/> D. Monthly Limit Change (Section V)	
<input type="checkbox"/> E. Single Purchase Limit Change (Section V)	

SECTION III	<u>CARDHOLDER INFORMATION</u> (Please Print)		
(2) _____			
*First Name of Cardholder	*Middle Initial	*Last Name (maximum 24 characters)	
(3) _____	(4) _____	(4) _____	
Agency/Organization Name (maximum 24 characters)	Verification Information, Benefit Start Date (MMYY)		
(5) _____	(6) _____		
*4th Line Embossing	Activation Information (Last 4 digits of SSN)		
(7) _____	(8) () _____		
Business Mailing Street Address Line 1 (maximum 36 characters)	Business Phone		
Business Mailing Street Address Line 2 (maximum 36 characters)			
City	State	Zip Code	Country
E-mail Address			
(9) () _____	(10) _____		
Fax Number	Navy Unit Identification Code and Obligation Indicator		
Master Accounting Code (maximum 75 characters) *Valid LOA append from Navy table			

SECTION IV	<u>REPORTING PARAMETERS</u>
(11) Current Reporting Hierarchy: 1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____	
(12) New Reporting Hierarchy: 1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____	

SECTION V	<u>AUTHORIZATION PARAMETERS</u>
(13) New Monthly Limit \$: _____ (17) Convenience Checks: Y _____ N _____ 2 Bks _____ 6 Bks _____	
(14) New Single Dollar Transaction Limit \$: _____ (18) "Not to Exceed" Amount (\$): _____	
(15) New Cycle Number of Transaction(s): _____ (19) New MCC Template Name: _____	
(16) New Daily Number of Transaction(s): _____	

SECTION VI (20)	<u>ACCOUNT CLOSURE INSTRUCTIONS</u>
1. You need to destroy your Card(s).	
2. If you have convenience checks, please destroy any unused checks.	

SECTION VII (21)
Agency/Organization Program Coordinator's Signature _____ Date _____

GUIDE TO CITIBANK[®] NAVY PURCHASE CARD MAINTENANCE FORM

Form used for changes on existing accounts.

Note: only those data elements requiring changes need to be completed.

Section I – Instructions

1. Provide Cardholder's name exactly as it appears on his/her Citibank[®] Government Card and Cardholder's Citibank Government Card account number.

Section II – Type of Cardholder Maintenance Request

Mark the appropriate type of maintenance that is being requested.

Section III – Cardholder Information (Write all information ABOVE the lines in this section.)

2. **Cardholder Name:** Provide first name, middle initial and last name of Cardholder (maximum 24 characters total).
3. **Agency/Organization Name:** Name of Cardholder's Agency.
4. **Verification Information:** Benefit Start Date (SF50 Form). This information will be requested of the Cardholder when he/she contacts Citibank Customer Service for assistance.
5. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the Cardholder's name.
6. **Activation Information (Last Four Digits of Social Security Number):** Used for card activation. Cardholder provides the last four digits of his/her Social Security Number.
7. **Business Mailing Street Address:** Address where the card and statements will be mailed.
8. **Business Phone:** Area code and business phone number.
9. **Fax Number:** Area code and fax number.
10. **Navy Unit Identification Code and Obligation Indicator:** Six characters only: supply full Unit Identification Code.

Section IV – Reporting Parameters

11. **Current 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. Six five-digit codes are assigned to your Agency. Contact your Client Account Manager for your Agency's specific codes.
12. **New Reporting Hierarchy:** When a Cardholder moves from one area to another within the Agency, new five-digit reporting codes are assigned. Contact your Client Account Manager for your Agency's specific codes.

Section V – Authorization Parameters

13. **New Monthly Limit \$:** Monthly spending limit.
14. **New Single Dollar Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from spending more than \$500 on a single purchase.
15. **New Cycle Number of Transaction(s):** Number of transactions a Cardholder can perform per monthly cycle.
16. **New Daily Number of Transaction(s):** Number of transactions a Cardholder can perform per day.
17. **Convenience Checks:** Indicate access to convenience checks; mark "Y" for "Yes" and "N" for "No." Indicate number of checkbooks to be issued, either two or six. Note: Each checkbook contains 25 checks.
18. **"Not to Exceed" Amount (\$):** If eligible for convenience checks, indicate a "not to exceed" dollar amount to be printed on the check. This serves as notification for the merchant.
19. **New MCC Template Name:** Merchant blocking schemes. For example, the Agency/Organization Program Coordinator may want to block certain types of merchants from being accessed by the Cardholder. Contact your Client Account Manager for your Agency's MCC template names.

Section VI – Account Closure Instructions

20. Follow the steps indicated in this section.

Section VII

21. **Agency/Organization Program Coordinator's Signature:** Program Coordinator must sign for approval.