

Instructions

1. Complete all fields as they are **REQUIRED** unless noted as (optional)
2. Please fax all the pages to 701-461-3466 or 1-866-457-7506

Type of Contact

Please choose one:

- Primary A/OPC Alternate A/OPC

Select Action:

- Add new contact Delete contact under levels listed below only Replace contact

Information to be changed

Name of Previous Contact _____ *(This person will be changed or deleted)*

New Contact Last Name _____ *(max. 20 char.)*

New Contact First Name _____ *(max. 20 char.)*

Agency /Organization Name _____ *(max. 30 char.)*

Address 1 _____ *(max. 30 char.)*

Address 2 **(optional)** _____ *(max. 30 char.)*

City _____ *(max. 15 char.)* State _____ *(2 char.)* Zip _____ - _____ *(max. 9 char.)*

Country _____ *(max. 10 char.)*

Phone Number _____ *(max. 22 char.)* Fax Number _____ *(max. 17 char.)*

Email Address _____ *(max. 60 char.)*

Processing Levels

Agent Number

Reporting Levels (Please list the levels this person is authorized to maintain)

Level 1 _ _ _ _ _ Level 2 _ _ _ _ _ Level 3 _ _ _ _ _ Level 4 _ _ _ _ _

* If contact changing at multiple levels, please attach a list.

Form Submitted by

Signature _____

Print Name _____

Phone _____

Fax _____

Date Submitted _____

For U. S. Bank Government Services use only

Rec'd Date _____ Input Date _____

Completed by _____

Review Date _____ Reviewed By _____

Reject Date _____

Reject Reason

- Incomplete *(missing information circled or highlighted)*
- Other _____

FAX REQUEST TO 701-461-3466 or 1-866-457-7506

OR MAIL REQUEST TO:

U.S. BANK GOVERNMENT SERVICES – PO BOX 6347 – FARGO, ND 58125-6347

CUSTOMER SERVICE PHONE NUMBER 1-888-994-6722