



Account Unique ID or Cardholder Account ID: _____

Select one: 8201 (Visa) 8202 (Mastercard) Select one: CBA IBA	Change: Move to a new managing account: Company Number: _____ Reissue card	Closure: Please select type of closure, if applicable: T9 Permanent V9 Temporary	Please fax all pages to: 701.461.3466 or 866.457.7506 Or mail request to: U.S. Bank Government Services PO BOX 6347, Fargo, ND 58125-6347 Email: gov.service@usbank.com
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Cardholder name (as it appears on the account): _____

Account number: _____

Information to be changed	Optional information to be changed
Account/Cardholder name: _____ <small>(name 1) (maximum 21 characters)</small>	Residency address 1: _____ <small>(maximum 35 characters)</small>
Legal cardholder name: _____ <small>(name 1) (maximum 78 characters)</small>	Residency address 2: _____ <small>(maximum 35 characters)</small>
Date of birth (optional): _____ <small>(mm/dd/yy)</small>	City: _____ State: _____ <small>(maximum 35 characters) (maximum 2 characters)</small>
Agency/Organization name: _____ <small>(name 2) (embossed on plastic – maximum 21 characters)</small>	ZIP code: _____ Country: _____ <small>(max. 9 char.) (maximum 3 characters)</small>
Optional 2: _____ <small>(maximum 15 characters)</small>	Business phone number: _____ <small>(maximum 10 characters)</small>
Address 1: _____ <small>(maximum 35 characters)</small>	Overseas phone number: _____ <small>(maximum 18 characters)</small>
Address 2: _____ <small>(optional) (maximum 35 characters)</small>	Fax number: _____ <small>(maximum 18 characters)</small>
City: _____ State: _____ <small>(maximum 25 characters) (maximum 2 characters)</small>	Email address: _____ <small>(maximum 60 characters)</small>
ZIP code: _____ Country: _____ <small>(maximum 9 char.) (maximum 3 characters)</small>	

Processing levels
 Agent number: _____ Company number: _____ Division number: _____ Department number: _____

Reporting levels
 Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____ Level 7: _____

Form submitted by

Name (print/type): _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Date submitted: _____