



Account Unique ID or Cardholder Account ID: _____			
Select one: 3059 (Visa) 8203 (Mastercard)	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
Cardholder name: _____ (as it appears on the account)		Account number: _____	

Information to be changed	Optional information to be changed
Cardholder name: _____ (name 1) (maximum 21 characters)	Residency address 1: _____ (maximum 35 characters)
Legal cardholder name: _____ (name 1) (maximum 78 characters)	Residency address 2: _____ (maximum 35 characters)
Agency/Organization name: _____ (name 2) (embossed on plastic – maximum 21 characters)	City: _____ State: _____ (maximum 35 characters) (maximum 2 characters)
Third line embossing (optional 2): _____ (optional – The first 8 characters will be embossed on the card – maximum 15 characters)	ZIP code: _____ Country: _____ (max. 9 char.) (maximum 3 characters)
Address 1: _____ (maximum 35 characters)	Business phone number: _____ (maximum 10 characters)
Address 2: _____ (optional) (maximum 35 characters)	Overseas phone number: _____ (maximum 18 characters)
City: _____ State: _____ (maximum 25 characters) (maximum 2 characters)	Fax number: _____ (maximum 18 characters)
ZIP code: _____ Country: _____ (maximum 9 char.) (maximum 3 characters)	Email address: _____ (maximum 60 characters)

Credit limit: \$ _____	Single Purchase limit: \$ _____
Convenience checks Yes No	Card suppression Yes No
Convenience check purchase limit: \$ _____	OR not valid after _____ days
MCCG Template 1: _____ MCCG Template 2: _____	MCCG Template 3: _____ MCCG Template 4: _____

Processing levels	Agent number: _____	Company: _____	Division: _____	Department: _____
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Reporting levels	Level 1: _____	Level 2: _____	Level 3: _____	Level 4: _____	Level 5: _____	Level 6: _____	Level 7: _____
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Authorization Limits (optional)	
Daily transaction limit: _____	Single purchase limit: \$ _____
Cycle transaction limit: _____	Daily purchase limit: \$ _____
Monthly transaction limit: _____	Monthly purchase limit: \$ _____
Quarterly transaction limit: _____	Quarterly purchase limit: \$ _____
Annual transaction limit: _____	Annual purchase limit: \$ _____

Default/Master accounting code (max. 150 char.)
First segment of accounting code: _____
Second segment of accounting code: _____
Third segment of accounting code: _____
Fourth segment of accounting code: _____
Fifth segment of accounting code: _____
Sixth segment of accounting code: _____

Form submitted by		
Name (print/type): _____	Phone: _____	Fax: _____
Signature: _____	Email: _____	
Date submitted: _____		