



<b>Select one:</b> 8201 (Visa) 8202 (Mastercard)	<b>Change Closure:</b> Please select type of closure, if applicable: T9 Permanent V9 Temporary	<b>Please fax all pages to:</b> 701.461.3466 or 866.457.7506	<b>Or mail request to:</b> U.S. Bank Government Services PO BOX 6347 Fargo, ND 58125-6347 <b>Email:</b> gov.service@usbank.com
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Company number: \_\_\_\_\_

Managing account number: \_\_\_\_\_ Managing account name: \_\_\_\_\_

**Information to be changed**

**Contact name:** \_\_\_\_\_ (name 1) (maximum 24 characters)     
 **Agency/Organization name:** \_\_\_\_\_ (name 2) (embossed on plastic – maximum 21 characters)

**Address 1:** \_\_\_\_\_ (maximum 35 characters)     
 **Address 2:** \_\_\_\_\_ (optional) (maximum 35 characters)

**City:** \_\_\_\_\_ (maximum 25 characters)     
 **State:** \_\_\_\_\_ (maximum 2 characters)     
 **ZIP code:** \_\_\_\_\_ (maximum 9 characters)     
 **Country:** \_\_\_\_\_ (maximum 3 characters)

**Phone number:** \_\_\_\_\_     
 **Email address:** \_\_\_\_\_

**Credit limit:** \$ \_\_\_\_\_

**Form submitted by**

**Name (print/type):** \_\_\_\_\_     
 **Phone:** \_\_\_\_\_     
 **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_     
 **Email:** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_