



CITIBANK® MAINTENANCE FORM

SECTION I INSTRUCTIONS

- To change information for existing accounts:
 - Complete section II with the type of request. *******Fill in only the applicable fields to be updated.*******
 - Fill in the individual Corporate Card number: _____
 - Fill in the cardholder's name as it appears on his/her Corporate Card: _____
- Approved copy to be maintained in Program Coordinator's files.
- Fax completed form to 605-330-6801 or mail to Citibank® Commercial Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.
- All changes to move a centrally billed account from one billing site to another will be made the next business day after the Agency's billing cycle.

SECTION II (1) TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

<input type="checkbox"/> A. Cardholder Information Change (Section III)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V)
<input type="checkbox"/> B. Hierarchy Change (Section IV)	<input type="checkbox"/> G. Number of Transactions Limit Change (Section V)
<input type="checkbox"/> C. MCC/Blocking Change (Section V)	<input type="checkbox"/> H. Reopen Account
<input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)	<input type="checkbox"/> I. Account Closure
<input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	

Reason (Section VI): _____
 Other Changes: _____

SECTION III CARDHOLDER INFORMATION (Please Print)

(2) _____
First Name of Cardholder **Middle Initial** **Last Name** (maximum 24 characters total)

(3) _____
 Agency/Organization Name (maximum 24 characters)

(4) _____ (5) _____
 4th Line Embossing (maximum 20 characters) Employee EPICS # or ID (maximum 9 characters)

(6) _____ (6) () _____
 Statement Billing Mailing Address Line 1 (maximum 36 characters) Home Phone Number

(6) _____ (7) Leave this section blank

(6) _____
 City State Zip Code Country

(8) _____ (8) () _____
 Leave this section blank Business Phone Number

(8) _____
 Leave this section blank

(8) _____
 Leave this section blank

(9) _____
 E-mail Address

(10) () (10A) (10B) _____
 Fax Number Agency Organization #(For WVA) Agency Tax ID #(For WVA)

SECTION IV REPORTING PARAMETERS

(11) Current Reporting Hierarchy: _____

(12) New Reporting Hierarchy: _____

(13) Processing Unit #: _____ (maximum 5 characters)

SECTION V (14) AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit: \$ _____ Convenience Checks (Purchase): Y N 2 Books 6 Books

New Dollars per Transaction Limit: \$ _____ If eligible for Convenience Checks, maximum payment amount equals: \$ _____

New Number of Transactions per: Cycle: _____ Day: _____ ATM Access: Y N Cash % _____

New MCC Template Name: _____

SECTION VI ACCOUNT CLOSURE INSTRUCTIONS

1. PC needs to advise cardholders to destroy their card(s). 2. PC needs to advise cardholders to destroy any unused convenience checks.
 3. PC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).

SECTION VII AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

(15) Program Coordinator's Signature _____ Date _____
 Program Coordinator's Name (printed) Maria Catalano _____ Date _____

(16) Program Coordinator's Business Phone Number (304) 558-9422 Fax (304) 558-2854

(17) WV SAO Purchase Card Administration Signature _____

Public Sector Maintenance Form ***With revisions, a new card will automatically be sent. You must call Customer Service to have card activated.**
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