



CARDHOLDER MAINTENANCE FORM

Purchasing - 3059

Change Move to New Managing Account – Company Number _____ Reissue Card
 Closure Please Select Type of Closure, if applicable: T9 – Permanent V9 - Temporary

Agent Number _____

Cardholder Name (as it appears on the account) _____

Account Number _____

Information to be Changed

Cardholder Name _____
(Name 1) (max. 21 char.)

Agency/Organization Name _____
(Name 2) (Embossed on plastic - max. 21 char.)

Third Line Embossing (User Field 2) _____
(Optional - The first 8 characters will be embossed on the card - max. 15 char)

Address 1 _____
(max. 35 char.)

Address 2 _____
(Optional) (max. 35 char.)

City _____ State _____ Zip _____ - _____ Country _____
(max. 25 char.) (max. 9 char.)

Business Phone Number _____ - _____ - _____ Overseas Phone Number _____
(max.10 char.) (max. 18 char.)

Fax Number _____ Email Address _____
(max. 18char.) (max. 60 char.)

30 Day Limit \$ _____, _____, _____ Single Purchase Limit \$ _____, _____, _____

Convenience Checks Yes No Convenience Check Single Purchase Limit \$ _____, _____, _____
(Default \$2500)

MCCG Template 1 _____ MCCG Template 2 _____ MCCG Template 3 _____ MCCG Template 4 _____

Processing Levels

Company _____ Division _____ Department _____

Reporting Levels

Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

Level 5 _____ Level 6 _____ Level 7 _____

Tax Exempt Number _____
(max. 20 char.)

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 _____

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

MAIL REQUEST TO: U.S. BANK GOVERNMENT SERVICES - PO BOX 6347 – FARGO, ND 58125-6347
CUSTOMER SERVICE PHONE NUMBER 1-888-994-6722



CARDHOLDER MAINTENANCE FORM

Authorization Controls (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 25 characters of Accounting Code _____

Second 25 characters of Accounting Code _____

Third 25 characters of Accounting Code _____

Fourth 25 characters of Accounting Code _____

Fifth 25 characters of Accounting Code _____

Sixth 25 characters of Accounting Code _____

Form Submitted by

Signature _____

Print Name _____

Phone _____

Fax _____ Date Submitted _____

<i>For U. S. Bank Government Services use only</i>	
Rec'd Date _____	Input Date _____
Completed by _____	
Review Date _____	Reviewed By _____
Reject Date _____	
Reject Reason _____	
<input type="checkbox"/> Incomplete (missing information circled or highlighted)	
<input type="checkbox"/> Other _____	

FAX REQUEST TO 701-461-3466 or 1-800-974-0777

OR

MAIL REQUEST TO:

U.S. BANK GOVERNMENT SERVICES

200 SOUTH SIXTH STREET – EP-MN-L28C, MINNEAPOLIS, MN 55402