



**MANAGING ACCOUNT MAINTENANCE FORM**  
**(Also known as "Billing Official" or "Approving Official" Maintenance Form)**

**Purchasing – 3059**

Change  
 Closure Please Select Type of Closure, if applicable:  T9 – Permanent  V9 - Temporary

Agent Number \_\_\_\_\_ Company Number \_\_\_\_\_ Cycle Date \_\_\_\_  
Managing Account Number \_\_\_\_\_ Managing Account Name \_\_\_\_\_

**Information to be Changed**

**Managing Account Contact Information**

Contact Name \_\_\_\_\_  
*(Name 1) (max. 24 char.)*  
Agency/Organization Name \_\_\_\_\_  
*(Name 2) (max. 24 char.)*  
Address 1 \_\_\_\_\_  
*(max. 35 char.)*  
Address Line 2 \_\_\_\_\_  
*(Optional) (max. 35 char.)*  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
*(max. 25 char.) (max. 9 char.)*  
Business Phone \_\_\_\_\_ Overseas Business Phone \_\_\_\_\_  
*(max. 10 char.) (max. 22 char.)*  
Fax Number \_\_\_\_\_ Overseas Fax Number \_\_\_\_\_  
*(max. 10 char.) (max. 22 char.)*  
E-mail Address \_\_\_\_\_  
*(max. 60 char.)*  
Managing Account Limit \$ \_\_ , \_\_\_\_ , \_\_\_\_  
*(Cycle Purchase Limit)*

**Reporting Levels**

Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 4 \_\_\_\_\_ Level 5 \_\_\_\_\_  
Level 6 \_\_\_\_\_ Level 7 \_\_\_\_\_

**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 \_\_\_\_\_  
Review Date \_\_\_\_\_ Reviewed By \_\_\_\_\_  
Reject Date \_\_\_\_\_  
Reject Reason  
o Incomplete *(missing information circled or highlighted)*  
o Other \_\_\_\_\_

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

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



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**Default / Master Accounting Code** (optional - max. 150 characters)

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 \_\_\_\_\_

**Authorization Controls** (optional)

Daily Transaction Limit	_____	Daily Purchase Limit	\$ __, ____, ___
Cycle Transaction Limit	_____	Cycle Purchase Limit	\$ __, ____, ___
Monthly Transaction Limit	_____	Monthly Purchase Limit	\$ __, ____, ___
Quarterly Transaction Limit	_____	Quarterly Purchase Limit	\$ __, ____, ___
Annual Transaction Limit	_____	Annual Purchase Limit	\$ __, ____, ___

**Form Submitted by**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

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Rec'd Date \_\_\_\_\_ Input Date \_\_\_\_\_

Completed by \_\_\_\_\_

Review Date \_\_\_\_\_ Reviewed By \_\_\_\_\_

Reject Date \_\_\_\_\_

Reject Reason

Incomplete (*missing information circled or highlighted*)

Other \_\_\_\_\_

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