clear form

CALIFORNIA APPROVING OFFICIAL ACCOUNT UPDATE

Check all applicable boxes

❑ **CHANGE** ❑ **CANCEL**

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

APPROVING OFFICIAL NAME: _____
(Name as it appears on bank card file)

ACCOUNT NUMBER: 4055 - 01___ - _____ - _____

FILL IN ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED - PLEASE PRINT OR TYPE

DEPT/OFFICE/AGENCY NAME _____ **(Max 30)**

A/O NAME _____ **(Max 12/1/17)**
(First name, middle initial, last)

ADDRESS ONE _____ **(Max 30)**

ADDRESS TWO _____ **(Max 30)**

CITY _____ **STATE** CA **ZIP + 4** _____

PHONE (____) _____ **FAX** (____) _____

EMAIL ADDRESS: _____

OFFICE LIMIT $ _____ **(Up to $999,900 in $100 increments)**

Input Submitted by: APC

Authorized Sig _____ **Name** _____

Address _____ **Phone** _____

_____

_____ **Date** _____

I.M.P.A.C. Card Services Use Only

Rec'd Date _____
Input/Verify Date _____

Reject Reason:
❑ **Need A/O Acct# or A/O Setup**
❑ **Need Authorized Signature**
❑ **Missing Information**

SEND TO: U.S. Bank Government Services, P.O. Box 6346, Fargo, ND 58125-6346
PHONE: (800) 227-6736 **FAX REQUESTS TO:** (701) 461-3910