

CALIFORNIA CARDHOLDER ACCOUNT UPDATE

Check all applicable boxes

CHANGE CANCELLATION REISSUE PLASTIC

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

CARDHOLDER ACCOUNT # 4055 - 01 - -

CARDHOLDER NAME

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

DEPT/OFFICE/AGENCY NAME (Max 30)

CARDHOLDER NAME (Max 12/1/17)
(First name, middle initial, last) (Maximum of 20 embossed on card)

ADDRESS ONE (Max 30)

ADDRESS TWO (Max 30)

CITY STATE CA ZIP+4

PHONE () (Max 4) **EMBOSSED DESTINATION** (Max 2)
(Select Destination: P = Program Coordinator, B = Billing Office, D = Dispute Office AND Level: 3/4, Example: P 4)

MERCHANT ACTIVITY TYPE (Max 4)

30 DAY LIMIT \$ (\$100 increments) **SINGLE PURCHASE LIMIT \$** (\$50 increments)

USER FIELD 1 (Max 12) **USER FIELD 2** (Max 15)
(Shown on G077 - Acct Info report ONLY) (1st 8 characters show on card)

MASTER ACCOUNTING CODE
(Max 75)

COMPLETE THE FOLLOWING TO TRANSFER CARDHOLDER TO NEW APPROVING OFFICIAL ONLY:

Note- Cardholders can only be moved to a new AO number after a cycle date.

APPROVING OFFICIAL NUMBER 4055 - 01 - - CYCLE DATE 22

Input Submitted by: APC

REQUIRED

Authorized Sig _____ Name

Address _____ Phone

Date

U.S. Bank Government Services Use Only

Rec'd Date _____
Input/Verify Date _____

Reject Reason: Missing Information
 Need Authorized Signature

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