



Government Services
Cardholder maintenance form
Purchasing

Account Unique ID or Cardholder Account ID: _____			
Select one: <input type="checkbox"/> 3059 (Visa) <input type="checkbox"/> 8203 (Mastercard)	<input type="checkbox"/> Change: <input type="checkbox"/> Move to a new managing account: Company Number: _____ <input type="checkbox"/> Reissue card	<input type="checkbox"/> Closure: Please select type of closure, if applicable: <input type="checkbox"/> T9 Permanent <input type="checkbox"/> V9 Temporary	Please fax all pages to: 701-461-3466 or 866-457-7506 Or mail request to: U.S. Bank Government Services PO BOX 6347, Fargo, ND 58125-6347 Email: gov.service@usbank.com
Cardholder name: _____ <i>(as it appears on the account)</i>		Last 4 digits of account number: _____	
Information to be changed		Optional information to be changed	
Cardholder name: _____ <i>(name 1) (maximum 21 characters)</i>		Residency address 1: _____ <i>(maximum 35 characters)</i>	
Legal cardholder name: _____ <i>(name 1) (maximum 78 characters)</i>		Residency address 2: _____ <i>(maximum 35 characters)</i>	
Agency/Organization name: _____ <i>(name 2) (embossed on plastic – maximum 21 characters)</i>		City: _____ State: _____ <i>(maximum 35 characters) (maximum 2 characters)</i>	
Third line embossing (optional 2): _____ <i>(optional – The first 8 characters will be embossed on the card – maximum 15 characters)</i>		ZIP code: _____ Country: _____ <i>(max. 9 char.) (maximum 3 characters)</i>	
Address 1: _____ <i>(maximum 35 characters)</i>		Business phone number: _____ <i>(maximum 10 characters)</i>	
Address 2: _____ <i>(optional) (maximum 35 characters)</i>		Overseas phone number: _____ <i>(maximum 18 characters)</i>	
City: _____ State: _____ <i>(maximum 25 characters) (maximum 2 characters)</i>		Fax number: _____ <i>(maximum 18 characters)</i>	
ZIP code: _____ Country: _____ <i>(maximum 9 char.) (maximum 3 characters)</i>		Email address: _____ <i>(maximum 60 characters)</i>	
Credit limit: \$ _____		Single Purchase limit: \$ _____	
Convenience checks <input type="checkbox"/> Yes <input type="checkbox"/> No		Card suppression <input type="checkbox"/> Yes <input type="checkbox"/> No	
Convenience check purchase limit: \$ _____		OR not valid after _____ days	
MCCG Template 1: _____ MCCG Template 2: _____		MCCG Template 3: _____ MCCG Template 4: _____	
Processing levels			
Agent number: _____ Company: _____ Division: _____ Department: _____			
Reporting levels			
Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____ Level 7: _____			
Authorization Limits (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 segment of accounting code: _____			
Second segment of accounting code: _____			
Third segment of accounting code: _____			
Fourth segment of accounting code: _____			
Fifth segment of accounting code: _____			
Sixth segment of accounting code: _____			
Form submitted by			
Name (print/type): _____		Phone: _____ Fax: _____	
Signature: _____		Email: _____	
Date submitted: _____			

Customer service
888-994-6722

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