



Select one: 8201 (Visa) 8202 (Mastercard)	Change Closure: Please select type of closure, if applicable: T9 Permanent 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
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Company number: _____

Managing account number: _____ Managing account name: _____

Information to be changed

Contact name: _____ (name 1) (maximum 24 characters)
 Agency/Organization name: _____ (name 2) (embossed on plastic – maximum 21 characters)

Address 1: _____ (maximum 35 characters)
 Address 2: _____ (optional) (maximum 35 characters)

City: _____ (maximum 25 characters)
 State: _____ (maximum 2 characters)
 ZIP code: _____ (maximum 9 characters)
 Country: _____ (maximum 3 characters)

Phone number: _____
 Email address: _____

Credit limit: \$ _____

Form submitted by

Name (print/type): _____
 Phone: _____
 Fax: _____

Signature: _____
 Email: _____

Date submitted: _____