



CITIBANK® MAINTENANCE FORM

SECTION I INSTRUCTIONS

- To change information for existing accounts:
 - Complete section II with the type of request. *******Fill in only the applicable fields to be updated.*******
 - Fill in the individual Corporate Card number: _____
 - Fill in the cardholder's name as it appears on his/her Corporate Card: _____
- Approved copy to be maintained in Program Coordinator's files.
- Fax completed form to 605-330-6801 or mail to Citibank® Commercial Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.
- All changes to move a centrally billed account from one billing site to another will be made the next business day after the Agency's billing cycle.

SECTION II (1) TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

<input type="checkbox"/> A. Cardholder Information Change (Section III)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V)
<input type="checkbox"/> B. Hierarchy Change (Section IV)	<input type="checkbox"/> G. Number of Transactions Limit Change (Section V)
<input type="checkbox"/> C. MCC/Blocking Change (Section V)	<input type="checkbox"/> H. Reopen Account
<input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)	<input type="checkbox"/> I. Account Closure
<input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	

Reason (Section VI): _____
Other Changes: _____

SECTION III CARDHOLDER INFORMATION (Please Print)

(2)

First Name of Cardholder	Middle Initial	Last Name (maximum 24 characters total)
(3) West Virginia University		
Agency/Organization Name (maximum 24 characters)		
(4)		(5)
4 th Line Embossing (maximum 20 characters)		Employee EPICS # or ID (maximum 9 characters)
(6) X90401		(6) () -
Statement Billing Mailing Address Line 1 (maximum 36 characters)		Home Phone Number
(6)		(7) Leave this section blank
Statement Billing Mailing Address Line 2 (maximum 36 characters)		
(6)		
City	State	Zip Code
(8)		(8) () -
Leave this section blank		Business Phone Number
(9)		
E-mail Address		
(10) () -	(10A) 0463	(10B) 556000842
Fax Number	Agency Organization #(For WVA)	Agency Tax ID #(For WVA)

SECTION IV REPORTING PARAMETERS

(11) Current Reporting Hierarchy:	98100	21400	31440	40904	500	600	70001
(12) New Reporting Hierarchy:	98100	21400	31440	40904	500	600	70001
(13) Processing Unit #:	(maximum 5 characters)						

SECTION V (14) AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit: \$ _____ Convenience Checks (Purchase): Y N X 2 Books 6 Books

New Dollars per Transaction Limit: \$ _____ If eligible for Convenience Checks, maximum payment amount equals: \$ NA

New Number of Transactions per: Cycle: _____ Day: _____ ATM Access: Y N X Cash % _____

New MCC Template Name: _____

(15) Justification for increase in limits: _____

SECTION VI ACCOUNT CLOSURE INSTRUCTIONS

- PC needs to advise cardholders to destroy their card(s).
- PC needs to advise cardholders to destroy any unused convenience checks.
- PC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).

SECTION VII AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

(16) Program Coordinator's Signature _____ Date _____

Program Coordinator's Name (printed) _____ Date _____

(17) Program Coordinator's Business Phone Number (304) 293 - 5711 Fax (304) 293 - 8803

(18) WV SAO Purchase Card Administration Signature _____

Public Sector Maintenance Form *with revisions, a new card will automatically be sent. You must call Customer Service to have card activated. © 2006 Citicorp. All rights reserved. CITIBANK, CITIGROUP and the Umbrella Device are trademarks and service marks of Citicorp or its affiliates and are used and registered throughout the world. Numbers correspond to the guide sheet on next page.

State of WV Agency/Institution Internal Use Only – Mail Completed Application to PCard Administration, PO Box 6024, Morgantown, WV 26506-6024

(19) Spending Unit Authorization Signature: _____

(20) MAP Default Account: _____



**GUIDE TO
CITIBANK® CORPORATE MAINTENANCE FORM**

Form used to update information regarding purchase or travel cards.

Section I – Instructions

- b. Complete the last six digits of the card number**
- c. Complete the cardholder name**

Section II – Type of Maintenance Request

- 1. Type of Request: Select all maintenance updates that apply.**

Section III – Cardholder Information

- 2. Cardholder Name: Provide first name, middle initial and last name of cardholder (maximum 24 characters total).**
- 4. 4th Line Embossing: Indicate information to appear on the card (maximum 24 characters).**
- 5. Employee EPICS# or ID: State of West Virginia Employee EPICS ID number – Can be found on employee’s paystub (maximum 9 characters).**
- 9. E-mail Address: Provide complete e-mail address of cardholder.**
- 10. Fax Number: Provide fax number of cardholder including area code.**

Section IV – Reporting Parameters

- 11. Current Reporting Hierarchy: Please indicate cardholder’s current reporting hierarchy.**
- 12. New Reporting Hierarchy: Provide cardholder’s new reporting hierarchy, if different.**

Section V – Authorization Parameters

- 14. Authorization Parameters: Please complete all information requested regarding parameters of card/cardholder privileges.**
- 15. Justification for increase in limits- if the request limit is above the threshold specified in the PCard Manual.**

Section VII – Program Coordinator’s Signature:

Program Coordinator’s Signature and Phone Number: Will be completed by Pcard Administration

- 18. Authorized Signature – EBO or DCC**
- 19. MAP Card Default Account (if applicable)**

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Public Sector Maintenance Form