CITIBANK® MAINTENANCE FORM

citi®

SECTION I   **INSTRUCTIONS**
1. To change information for existing accounts:
   a. Complete section II with the type of request. *******Fill in only the applicable fields to be updated.*******
   b. Fill in the individual Corporate Card number: _____ .
   c. Fill in the cardholder's name as it appears on his/her Corporate Card: _____ .
2. Approved copy to be maintained in Program Coordinator's files.
3. Fax completed form to 605-330-6801 or mail to Citibank® Commercial Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.
4. 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)
- [ ] A. Cardholder Information Change (Section III)   [ ] F. Cash Advance Limit Change (Section V)
- [ ] B. Hierarchy Change (Section IV)   [ ] G. Number of Transactions Limit Change (Section V)
- [ ] C. MCC/Blocking Change (Section V)   [ ] H. Reopen Account
- [ ] D. Dollars per Cycle Limit Change (Section V)   [ ] I. Account Closure
- [ ] 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) _____
4th Line Embossing (maximum 20 characters)   Employee EPICS # or ID (maximum 9 characters)

(6) WVU Payment Services   (6) (_____) _____ - _____
Statement Billing Mailing Address Line 1 (maximum 36 characters)   Home Phone Number

(6) PO Box 6024 One Waterfront Place
Statement Billing Mailing Address Line 2 (maximum 36 characters)   (7) Leave this section blank

(6) Morgantown   WV   26506-6024   USA
City   State   Zip Code   Country
(8) _____   (8) (_____) _____ - _____
Leave this section blank   Business Phone Number

(8) _____   _____
Leave this section blank

(8) _____
Leave this section blank

(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: _____

SECTION VI   **ACCOUNT CLOSURE INSTRUCTIONS**
1. PC needs to advise cardholders to destroy their card(s). 2. PC needs to advise cardholders to destroy any unused convenience checks.
3. 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**
(15) Program Coordinator's Signature _____ Date _____

Program Coordinator's Name (printed) _____ Date _____

(16) Program Coordinator's Business Phone Number (304) 293 - 5711 _____ Fax (304) 293 – 6943 _____

(17) WV SAO Purchase Card Administration Signature _____

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

(18) Spending Unit Authorization Signature: _____
(19) MAP Account: _____

GUIDE TO
CITIBANK® CORPORATE MAINTENANCE FORM

Form used to update information regarding purchase or travel cards.

Section I – Instructions
1b.   Compete the card number
1c.   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.

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)

Public Sector Maintenance Form