



Select one: 3059 (Visa) 8203 (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	Email: gov.service@usbank.com Or mail request to: U.S. Bank Government Services PO BOX 6347 Fargo, ND 58125-6347
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Company number: _____
 Managing account number: _____ Managing account name: _____

Information to be changed

Contact name: _____ <small>(name 1) (maximum 24 characters)</small>	Agency/Organization name: _____ <small>(name 2) (embossed on plastic – maximum 21 characters)</small>		
Address 1: _____ <small>(maximum 35 characters)</small>	Address 2: _____ <small>(optional) (maximum 35 characters)</small>		
City: _____ <small>(maximum 25 characters)</small>	State: _____ <small>(maximum 2 characters)</small>	ZIP code: _____ <small>(maximum 9 characters)</small>	Country: _____ <small>(maximum 3 characters)</small>
Business phone number: _____ <small>(maximum 10 characters)</small>	Overseas phone number: _____ <small>(maximum 18 characters)</small>		
Fax number: _____ <small>(maximum 18 characters)</small>	Email Address: _____ <small>(maximum 60 characters)</small>		
Credit limit: \$ _____	Cycle limit: \$ _____		

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: _____