

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
Company number:			
Managing account number:		Managing account name:	
Information to be changed			
Contact name: (name 1)	(maximum 24 characters)	Agency/Organization nan	ne:(embossed on plastic – maximum 21 characters)
Address 1:	(maximum 35 characters)	Address 2	
City: State: (maximum 25 characters)			Country: (maximum 3 characters)
Business phone number:(maximum 10 characters)		Overseas phone number	(maximum 18 characters)
Fax number:(maximum 18 characters)		Email Address:	(maximum 60 characters)
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 accou	unting 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:			



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