

**POINT OF CONTACT MAINTENANCE FORM
TRAVEL**



Select One: 8201 (Visa) 8202 (MasterCard)

Instructions

1. Complete all fields as they are **REQUIRED** unless noted as (optional)
2. Please fax all the pages to 701-461-3466 or 866-457-7506

Type of Contact

Please choose one:

Primary A/OPC Alternate A/OPC

Select Action:

Add new contact Delete contact under levels listed below only Replace contact Delete contact – This person is no longer in this position

Information to be Changed

Name of Previous Contact _____ (*This person will be changed or deleted*)
 New Contact Last Name _____ (*max. 20 char.*)
 New Contact First Name _____ (*max. 20 char.*)
 Agency /Organization Name _____ (*max. 30 char.*)
 Address 1 _____ (*max. 30 char.*)
 Address 2 (optional) _____ (*max. 30 char.*)
 City _____ (*max. 15 char.*) State _____ (*2 char.*) Zip _____ - _____ (*max. 9 char.*)
 Country _____ (*max. 10 char.*)
 Phone Number _____ (*max. 22 char.*) Fax Number _____ (*max. 17 char.*)
 Email Address _____ (*max. 60 char.*)

Additional Changes (optional)

Bank hold - Yes, plastic delivery needs to be changed to new contact above
 Managing Account changing to new contact above Managing Account # _____

Processing Levels

Agent Number Company Number

Reporting Levels (Please list the levels this person is authorized to maintain)

Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____
 Level 5 _____ Level 6 _____ Level 7 _____ * If contact changing at multiple levels, please attach a list.

Form Submitted by

Signature _____
 Print Name _____
 Phone _____
 Fax _____
 Date Submitted _____

For U. S. Bank Government Services use only

Rec'd Date _____ Input Date _____
 Completed by _____
 Review Date _____ Reviewed By _____
 Reject Date _____
Reject Reason
 Incomplete (*missing information circled or highlighted*)
 Other _____

FAX REQUEST TO 701-461-3466 or 866-457-7506

OR MAIL REQUEST TO:

U.S. BANK GOVERNMENT SERVICES – PO BOX 6347 – FARGO, ND 58125-6347
 CUSTOMER SERVICE PHONE NUMBER 888-994-6722

