



Account Unique ID or Cardholder Account ID: _____			
Select one: <input type="checkbox"/> 3059 (Visa) <input type="checkbox"/> 8203 (Mastercard)	<input type="checkbox"/> Change: <input type="checkbox"/> Move to a new managing account: Company Number: _____ <input type="checkbox"/> Reissue card	<input type="checkbox"/> Closure: Please select type of closure, if applicable: <input type="checkbox"/> T9 Permanent <input type="checkbox"/> V9 Temporary	Please fax all pages to: 701-461-3466 or 866-457-7506 Or mail request to: U.S. Bank Government Services PO BOX 6347, Fargo, ND 58125-6347 Email: gov.service@usbank.com
Cardholder name: _____ <i>(as it appears on the account)</i> Last 4 digits of account number: _____			
Information to be changed		Optional information to be changed	
Account/Cardholder name: _____ <i>(name 1) (maximum 21 characters)</i>		Residency address 1: _____ <i>(maximum 35 characters)</i>	
Legal cardholder name: _____ <i>(name 1) (maximum 78 characters)</i>		Residency address 2: _____ <i>(maximum 35 characters)</i>	
Date of birth (optional): _____ <i>(mm/dd/yyyy)</i>		City: _____ State: _____ <i>(maximum 35 characters) (maximum 2 characters)</i>	
Agency/Organization name: _____ <i>(name 2) (embossed on plastic – maximum 21 characters)</i>		ZIP code: _____ Country: _____ <i>(max. 9 char.) (maximum 3 characters)</i>	
Optional 2: _____ <i>(maximum 15 characters)</i>		Business phone number: _____ <i>(maximum 10 characters)</i>	
Address 1: _____ <i>(maximum 35 characters)</i>		Overseas phone number: _____ <i>(maximum 18 characters)</i>	
Address 2: _____ <i>(optional) (maximum 35 characters)</i>		Fax number: _____ <i>(maximum 18 characters)</i>	
City: _____ State: _____ <i>(maximum 25 characters) (maximum 2 characters)</i>		Email address: _____ <i>(maximum 60 characters)</i>	
ZIP code: _____ Country: _____ <i>(maximum 9 char.) (maximum 3 characters)</i>			
Processing levels			
Agent number: _____ Company: _____ Division: _____ Department: _____			
Reporting levels			
Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____ Level 7: _____			
Form submitted by			
Name (print/type): _____		Phone: _____ Fax: _____	
Signature: _____		Email: _____	
Date submitted: _____			