

Account Unique ID or	Cardholder Account ID:				
Select one: a 3059 (Visa) B 8203 (Mastercard) Cardholder name:	□ Reissue card		□ Closure: Please select type of closure, if applicable: □ T9 Permanent □ 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	
(as it appears on the account) Last 4 digits of account number:				Email: gov.service@usbank.com	
Information to be changed			Optional information to be changed		
Account/Cardholder name:		Res	Residency address 1:		
(name 1)			,	(maximum 35 characters)	
Legal cardholder name:		Res	dency address 2:		
(name 1) (maximum 78 characters)				(maximum 35 characters)	
Date of birth (optional):(mm/dd/yyyy)			: ximum 35 characters	State: s) (maximum 2 characters)	
Agency/Organization name:			ZIP code: Country:		
(name 2) (embossed on plastic – maximum 21 characters)			x. 9 char.)	(maximum 3 characters)	
Optional 2:			ness phone number:	:	
	(maximum 15 charact	ers)		(maximum 10 characters)	
Address 1: (maximum 35 characters)		Ove	Overseas phone number:		
		· · ·			
Address 2:		ers) Fax	Fax number:		
City:	State:		Email address:		
(maximum 25 characte				(maximum 60 characters)	
ZIP code:	Country:	_			
(maximum 9 char.)	(maximum 3 characte	ers)			
Processing levels Agent number:	Company:	[Division:	Department:	
Reporting levels	l 2: Level 3: Level 4:				
Form submitted by					
Name (print/type):		Pho	ne:	Fax:	

©2019 U.S. Bank. U.S. Bank Government Services is a division of U.S. Bank National Association. This publication is neither paid for, sponsored by, nor implies endorsement, in whole or in part, by any element of the United States Government. The information provided is for general use only. Contact the GSA Contracting Office with any questions related to proper use of the master contract. Printed in the USA.