Cardholder Maintenance Form

Bank of America

A. General Information

		Bank #:	NA
Company Name:		Company#:	
Cardholders Name:		Account # *(sixteen digits)*:	required

B. Standard Changes

Name		Address Change	
Name Line 1: (24 characters)		Address Line 1:	
Name Line 2: (24 characters)		Address Line 2:	
Hierarchy Level Change		City/State/Zip:	
From Unit #, Name:		**Phone Number Update**	
To Unit #, Name:		Phone Number:	

C. Parameter Changes

Velocity Changes		Cash Advance	
☐ Credit Limit:		Cash Advance Capability:	NA ☐ ON ☐ OFF
☐ Single Purch Limit:		% of Credit Limit:	NA
☐ Daily Trans Limit:		Send Pin #:	NA ☐ YES ☐ NO
☐ Daily Amount Limit:		**MCCG Changes**	
☐ Cycle Trans Limit:		Group Name:	
☐ Cycle Amount Limit:		☐ ADD MCC(s)	☐ DELETE MCC(s)
☐ Monthly Trans Limit:			
☐ Monthly Amt Limit:			
☐ Internal Audit Code:			
☐ Employee ID (Eagls)			

Fleet Parameters - NOT APPLICABLE!!!

Vehicle/Driver Card:	☐ Vehicle=V ☐ Driver=D
Product Type Code:	☐ ID# & Odometer ☐ Veh# & Odmtr=2 ☐ Drvr# & Odmtr=3 ☐ Odmtr Only=4 ☐ No Prompts=5
Embossed Fuel Only Code:	☐ Yes=Y ☐ No=N
Product Restriction Code:	☐ Fuel & Other Items= ☐ Fuel ONLY=2

Miscellaneous - NOT APPLICABLE!!!

Reorder Convenience Checks:	☐ Yes ☐ No	Enroll Travel Rewards: ☐ 2 Day	☐ Yes ☐ No ☐ Express ☐ Mail

D. Replacement Cards

☐ Bulk

Card Replacement		SEND REPLACEMENT CARD TO:
☐ Lost/Stolen ☐ Demagnetized ☐ Not Received		Name:
☐ Embossing Error ☐ Mutilated ☐ Plastic Never Issued		Address:
Cancellation/Reinstatement		City/State/Zip:
☐ Cancellation ☐ Reinstatement		Phone Number:
Authorized By:		**Date:**

Fax completed form to 757-823-7473