

Instructions Sheet

Purpose:

Complete this form to activate or de-activate account(s) temporarily or to close account(s) permanently.

Instructions:

Who:	This form is to be completed by the APC (Agency Program Coordinator)	
When:	Complete this form when there is a need to activate or deactivate one or more accounts temporarily or to permanently close one or more accounts. Use one form to complete up to 12 accounts, all of which fall under one complete hierarchy level. If you are activating / deactivating or closing accounts under different hierarchy levels, you must use a separate form for each.	
How:	Section I:	<p>Agency Information</p> <p><u>Agency / Organization Name</u>: Enter the name of the agency requesting the account activation / deactivation or closure.</p>
	Section II:	<p>Hierarchy Information</p> <p><u>Hierarchy Level</u> (required) – Complete as many of the 5-digit hierarchy level (HL) numbers as are appropriate for your hierarchy level (up to seven levels).</p>
	Section III:	<p>Account Activate / De-activate Details</p> <p><u>Account Number</u> (required) – Enter the 16-digit account number. <u>Account Name</u> (required) – List each account / cardholder's name next to the corresponding account number. <u>Permanent Closure</u> (required for account closure) - Place a check (☑) in the box provided next to the account number to be permanently closed. <u>Reason for Closure</u> (required for account closure) – Provide brief explanation for account closure. <u>Activation Date</u> (required for activation) – Enter date in which the corresponding account should be activated (mm/dd/yy). <u>De-activation Date</u> (required for de-activation) – Enter date in which the corresponding account should be deactivated (mm/dd/yy).</p>
	Section IV:	<p>Authorization</p> <p><u>APC – Name</u> – Type or print name of APC requesting the account status change. Consult your Agency policy regarding authorization to activate / deactivate or permanently close accounts <u>Commercial Telephone</u> – Enter APC's commercial telephone number. <u>Signature</u> – Signature of APC listed above. <u>Date</u> – Date of signature</p>
<p>Submit Request form with supporting documentation via <u>mail or fax</u> as follows:</p> <p>Citibank Commercial Cards P.O. Box 10085 Norfolk VA 23513</p> <p>FAX TO: 866-951-8005 757-818-6893</p>		