



# CITIBANK<sup>®</sup> GOVERNMENT AGENCY/ORGANIZATION PROGRAM ADMINISTRATOR SETUP/MAINTENANCE FORM

## SECTION I

### INSTRUCTIONS

- To add, delete or change Program Administrator (PA) information, the agency Finance Officer or existing PA completes Sections I through III and signs in Section IV.
- Indicate the **type** of request: \_\_\_\_\_ PA Setup and CitiDirect<sup>®</sup> Card Management System ID Request  
 \_\_\_\_\_ PA Setup but DO NOT issue a CitiDirect Card Management System ID  
 \_\_\_\_\_ PA Setup and CitiDirect Card Management System ID Request for view only
- Indicate the action you are requesting: \_\_\_\_\_ Add to PA info \_\_\_\_\_ Change PA information \_\_\_\_\_ Delete PA info  
 (Complete entire form) (Complete Reporting Hierarchy and only the items requiring a change) \_\_\_\_\_ Add as Alternate PA
- Maintain a copy in the agency's files.
- Fax completed form to your Client Account Manager at 904-954-7700.

## SECTION II

### NEW PROGRAM ADMINISTRATOR INFORMATION

The Agency shall identify below a Program Administrator (PA). The Agency/Organization may also identify additional PAs to handle account matters. A detailed description of the PA's responsibilities may be found in the State Master Contract.

(1) \_\_\_\_\_

First Name of PA	Middle Initial	Last Name (maximum 24 characters total)	
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(2) \_\_\_\_\_

Business Mailing Street Address	E-mail Address
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City	State	Zip Code	Country
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(3) ( ) (4) ( ) (5)

Business Phone	Fax Number	Verification Information
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## SECTION III

### REPORTING PARAMETERS

Agency/Organization Name: (6) \_\_\_\_\_

Reporting Hierarchy: (7) \_\_\_\_\_

## SECTION IV

### (8) TERMS AND CONDITIONS (Signature required for paper submission only.)

To the best of my knowledge, the information provided on this form is true and correct and I have the authority to sign this application.

1. Signature of new Program Administrator	_____	Date	_____
2. Signature of Finance Officer or Existing Program Administrator	_____	Date	_____

## SECTION V

### INTERNAL USE ONLY (This is to be completed by Citibank.)

1. Signature of Processor	_____	Date	_____	Form processed at Jacksonville's CS Center.
2. Signature of Services Administrator (Initial check)	_____	Date	_____	This setup form has all the needed information to process at the CitiDirect system.
3. Signature of authorized CitiDirect Card Management System Representative (ID creator)	_____	Date	_____	The requested Login ID has been created.

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ALL fields must be completed prior to submission or the form will be returned to you. Numbers in parentheses correspond to numbers on guide sheet on next page.

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**GUIDE TO  
CITIBANK® GOVERNMENT AGENCY PROGRAM ADMINISTRATOR (PA)  
SETUP/MAINTENANCE FORM**

Form to add or update approved Program Administrators  
Complete one form per PA

**Section I – Instructions**

**Section II – PA Information**

1. **Name of Agency Program Administrator:** Program Administrator's full name – First name, middle initial and last name (maximum 24 characters total)
2. **Business Mailing Street Address:** Physical mailing address for the Program Administrator.
3. **Business Phone:** Area code and business phone number.
4. **Fax Number:** Area code and fax number.
5. **Verification Information:** PA to provide identification password (i.e., last 4 digits of SSN). This will be requested when PA contacts Citibank Customer Service for assistance.

**Section III – Reporting Parameters**

6. **Agency/Organization Name:** Please provide complete agency name.
7. **Reporting Hierarchy:** The five-digit reporting code assigned to each level within the organizational hierarchy that defines the Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Manager for assistance with this information if your agency has not yet set up a hierarchy.

**Section IV – Terms and Conditions**

8. **Terms and Conditions:**
  - For establishing an initial Program Administrator, the new PA (line 1) and an agency Finance Officer or other authorized agency executive (line 2) must sign the form.
  - For establishing a Program Administrator (other than initial) when an existing PA is not available, the new PA (line 1) and an agency Finance Officer or other authorized agency executive (line 2) must sign the form. \*
  - For a change of Program Administrator, the incoming PA (line 1) and outgoing PA Line 2) must both sign the form.
  - For adding an alternate PA, the current PA (line 2) and the new, alternate PA (line 1) must both sign the form.
  - For changes in information regarding a current PA, a current PA must sign the form.

\* The attached New York State 'Certification of Authority to Establish Program Administrator' form must also be completed with the notarized signature of the Finance Officer signing the PA Setup/Maintenance form. Completed and signed 'PA Setup/Maintenance Form' & signed & notarized 'Certification of Authority to Establish Program Administrator' form are to be forwarded to the OGS Contract Administrator.

**Section V – Internal Use Only**

This section is for bank use only.