



# Individually Billed Card Account Reinstatement Form

## Citibank® Government Travel Card Program

### Instructions:

This form must be completed by the Department of Defense employee, the Agency Program Coordinator (APC) and the employee's supervisor. Use this form to request reinstatement of an Individually Billed Card Account to be used by a Department of Defense employee. Use this form ONLY when requesting reinstatement of an account that has been closed due to delinquency or non-payment. Information collected on this application is subject to the Privacy Act of 1974 (5U.S.C. 552a) and applicable agency regulations. Questions? Contact Commercial Card Services Norfolk toll-free 1-866-670-6462 from the U.S. and Canada or, if dialing from international locations, call 757-853-2467.

Date:	
Attention:	
Fax:	866-951-8005

Contains personally identifiable information (PII) and should be handled in accordance with Federal and DoD Privacy Act Policy guidance.

### Section I: Reinstatement Request Details

Replacement Card Required If Yes, Replacement Card Delivery Timeframe:	Do you need a new plastic replacement card mailed to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Standard Delivery <input type="checkbox"/> 10-14 business days following receipt of application and approval of reinstatement request.	Expedited Delivery <input type="checkbox"/> 2-3 business days following receipt of application and approval of reinstatement request. Requires a physical address and a signature at time of delivery.	

### Section II: Cardholder Information (To be completed by employee. \* = Required fields)

Cardholder Name*:																				
Account Number (last 6 digits only):	X	X	X	X	X	X	X	X	X	X										
SSN Number*:						Date of Birth* (mm/dd/yyyy):														
Employee ID* (10 digit number found on the back of the DoD issued CAC card)																				
Cardholder Contact Details:	Mail to Attention:																			
	Primary Address*																			
	<i>If your Primary Address is a P.O. Box, please complete the Home/Physical Address section below. If your Card should be mailed to an alternate address, please complete the Alternate Address section below. Applications providing only a P.O. Box will not be processed; a physical address is required. For APO/FPO/DPO addresses only, a physical address is not required.</i>																			
	Address Line 1:																			
	Address Line 2:																			
	Address Line 3:																			
	City or APO/FPO:										State:			Zip Code:				Country:		
	Business Office Phone:																			
	E-Mail Address:																			
	Secondary E-Mail Address:																			
	Home/Physical Address																			
	Address Line 1:																			
	Address Line 2:																			
	Address Line 3:																			
	City or APO/FPO:										State:			Zip Code:				Country:		
	Home Phone:																			
	Alternate Address (one-time mailing, only for a replacement card)																			
	Address Line 1:																			
	Address Line 2:																			
Address Line 3:																				
City or APO/FPO:										State:			Zip Code:				Country:			



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## Citibank® Government Travel Card Program

### Section II: Cardholder Information *(continued)*

DoD Status*:	<input type="checkbox"/> Active <input type="checkbox"/> Reservist* <input type="checkbox"/> Guard* <input type="checkbox"/> Civilian *If Reservist or Guard box has been checked, the below information is required:	
	Alternate Employer's Name:	
	Alternate Employment Phone Number:	
Signature and Agreement*:	After reading the attached Agreement between Department of Defense Employee and Citibank (South Dakota), N.A. ("the bank") ("Agreement"): 1. Read the additional disclosures below; 2. Sign; 3. Obtain your supervisor's approval; and 4. Forward the completed form to your APC. By signing below, I acknowledge that I have read, understand and agree to be bound by the terms and conditions of the agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct. Additionally, I authorize you to obtain a credit score as described in the agreement for evaluation purposes for this reinstatement. I also agree that if the account is reinstated, a \$29 reinstatement fee will be assessed on the account and charged upon reinstatement.	
	This form is for reinstatement of a Government Travel Card Account, which will be restricted, as described in the attached Agreement. Pursuant to requirements of law, including the USA PATRIOT ACT, we are requesting additional information to verify your identify.	
	Applicant's Signature*:	Date*:
	Supervisor's Signature*:	Date*:

### Section III: Agency Program Coordinator Information *(To be completed by APC. \*=Required fields)*

Central Account Number <i>(last 6 digits only)</i>	X	X	X	X	-	X	X	X	X	-	X	X								
	Specify the complete account Hierarchy Level (HL) number that pertains to your organization.																			
Account Hierarchy*	HL1				HL2				HL3				HL4							
	HL5				HL6				HL7				HL8							
Organization/ Unit Name:																				
	If reinstated, this account will be reinstated as a restricted account type.																			
Account Restriction Details:	Cash Access: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Signature and Agreement*:	By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. <b>PLEASE RETAIN A COPY FOR YOUR RECORDS. Return copy to one of the following:</b> Address: Citibank Commercial Cards, P.O. Box 10085, Norfolk VA 23513. Fax Number: 1-866-951-8005																			
	APC:	Name (type or print)						Signature						Date						
	Address Line 1:																			
	Address Line 2:																			
	Address Line 3:																			
	City or APO/FPO:									State:										
	Zip/Postal Code:									Country:										
	Business Phone:									E-mail Address:										



# Individually Billed Card Account Reinstatement Form

## Citibank® Government Travel Card Program

### Instructions Sheet

<b>Purpose:</b>	Complete this form to reinstate an individually billed cardholder travel card account for a Department of Defense employee. This form should only be used to request an account to be reinstated if the account was closed due to delinquency.					
<b>Instructions:</b>	<u>Who:</u>	<p><b>Cardholders:</b> This form is not to be used to open a new account, or to re-open an account closed for other reasons. Fill out the section entitled "Section II: Cardholder Information." Please print or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Program Management Office.</p> <p><b>Supervisors:</b> This form is not to be used to open a new account, or to re-open an account closed for other reasons. Fill out the section entitled "Section II: Cardholder Information." Please print or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Program Management Office.</p> <p><b>APCs:</b> Local bargaining must be completed before civilians can be offered the reinstatement process. For Civilian employees where local bargaining has been completed, fill out the section entitled "Section III: Agency Program Coordinator Information." This form is not to be used to open a new account, or to re-open a closed account. Please print or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Program Management Office.</p>				
	<u>When:</u>	Complete this form when there is a need to reinstate an individually billed cardholder travel card account that has been closed due to delinquency.				
	<u>How:</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="358 1045 565 1241" style="width: 30%;"><b>Section I: Reinstatement Request Details</b></td> <td data-bbox="565 1045 1521 1241"> <p><b>Replacement Card</b> – Indicate if a new plastic replacement card is required. If "no" is selected, we will assume the cardholder has their original card and will not issue a new plastic replacement card.</p> <p><b>Replacement Card Delivery Timeframe:</b> If you require a new plastic replacement card, indicate the delivery timeframe. Note: Expedited delivery requires a physical address and signature at time of delivery.</p> </td> </tr> <tr> <td data-bbox="358 1241 565 1919"> <p><b>Section II: Cardholder Information</b> (To be completed by the Department of Defense Employee &amp; Applicant's Supervisor)</p> </td> <td data-bbox="565 1241 1521 1919"> <p><b>Cardholder Name (required)</b> – Indicate the name of the cardholder. This will be the name as it appears on the cardholder's card.</p> <p><b>Account Number</b> – Indicate the only the last 6 digits of the account number of the account to be reinstated.</p> <p><b>SSN (required)</b> – Enter Social Security Number. The accuracy of the SSN is critical for split disbursement payments to be posted accurately and timely to the card account.</p> <p><b>Date of Birth (required)</b> – Input date of birth in mm/dd/yyyy format (example: 01/01/1973).</p> <p><b>Employee ID (required)</b> – Indicate 10 digit number found on the back of the DoD issued CAC card.</p> <p><b>Cardholder Contact Details:</b> <b>Mail to Attention:</b> If requesting a new plastic replacement card, indicate the name of the individual to whom the card should be mailed. <b>Primary Address (required):</b> (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country) – This is the address to which the employee's travel card billing statement should be mailed. If a P.O. Box is provided, a physical address is required in the designated section. For APO/FPO addresses only, a physical address is not required. If the address provided is different than currently on file, the address will be updated on the card account. <b>Home/Physical Address:</b> (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country) – Complete this section if a P.O. Box is being provided as your Primary Mailing Address.</p> </td> </tr> </table>	<b>Section I: Reinstatement Request Details</b>	<p><b>Replacement Card</b> – Indicate if a new plastic replacement card is required. If "no" is selected, we will assume the cardholder has their original card and will not issue a new plastic replacement card.</p> <p><b>Replacement Card Delivery Timeframe:</b> If you require a new plastic replacement card, indicate the delivery timeframe. Note: Expedited delivery requires a physical address and signature at time of delivery.</p>	<p><b>Section II: Cardholder Information</b> (To be completed by the Department of Defense Employee &amp; Applicant's Supervisor)</p>	<p><b>Cardholder Name (required)</b> – Indicate the name of the cardholder. This will be the name as it appears on the cardholder's card.</p> <p><b>Account Number</b> – Indicate the only the last 6 digits of the account number of the account to be reinstated.</p> <p><b>SSN (required)</b> – Enter Social Security Number. The accuracy of the SSN is critical for split disbursement payments to be posted accurately and timely to the card account.</p> <p><b>Date of Birth (required)</b> – Input date of birth in mm/dd/yyyy format (example: 01/01/1973).</p> <p><b>Employee ID (required)</b> – Indicate 10 digit number found on the back of the DoD issued CAC card.</p> <p><b>Cardholder Contact Details:</b> <b>Mail to Attention:</b> If requesting a new plastic replacement card, indicate the name of the individual to whom the card should be mailed. <b>Primary Address (required):</b> (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country) – This is the address to which the employee's travel card billing statement should be mailed. If a P.O. Box is provided, a physical address is required in the designated section. For APO/FPO addresses only, a physical address is not required. If the address provided is different than currently on file, the address will be updated on the card account. <b>Home/Physical Address:</b> (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country) – Complete this section if a P.O. Box is being provided as your Primary Mailing Address.</p>
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#### Citi Transaction Services

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# Individually Billed Card Account Reinstatement Form

## Citibank® Government Travel Card Program

### Instructions Sheet (continued)

<p>Section II: <b>Cardholder Information</b> (To be completed by the Department of Defense Employee &amp; Applicant's Supervisor)</p>	<p><u>Alternate Address:</u> (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country) – Complete this section if you would like a replacement card mailed to an alternate address that is different than the Primary Address where the regular billing statements will be sent.</p> <p><u>Business Office and Home Phone (required):</u> Employee's business, home phone number (including area code). If a home phone number is not available, enter "N/A" (Not Applicable). For locations outside of the U.S., include the applicable two- to three-digit country code. You do not need to preface the number with an access code, such as "011" which is used to obtain an international telephone line. If the phone number(s) are different than currently on file, the phone number(s) will be updated on the card account.</p> <p><u>Email Address:</u> Employee's e-mail address, if available.</p> <p><u>DoD Status (required)</u> – Check current DoD status. If "Reservist" or "Guard" is checked, employee's alternate employer's name and phone number are required.</p> <p><b>Signature and Agreement (required)</b> – Anyone requesting reinstatement must agree to a credit score and to a reinstatement fee that will be charged if the account is reopened.</p> <p><u>Applicant's Signature and Date (required)</u> – Employee's signature and the date the application form is signed. Wet or Digital signature accepted.</p> <p><u>Supervisor's Approval Signature and Date (required)</u> – Employee's supervisor must sign and date the setup/ application form in accordance with DoD GTCC Regulations. Wet or Digital signature accepted.</p>
<p>Section III: <b>Agency Program Coordinator Information</b> (To be completed by APC)</p>	<p><u>Central Account Number</u> – The last 6 digits only of the 16-digit central account number assigned to your major command or agency. This number is required for assignment of the correct billing cycle to the cardholder's account. We cannot process the reinstatement application form without this information.</p> <p><u>Account Hierarchy (required)</u> – The hierarchy unit number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Hierarchy levels are sequential and indicate the organization's reporting level as illustrated below: HL1 = 7120001 Department of Defense HL2 = 002xxxx Branch of Military Service or DoD Independent Agencies HL3 = 003xxxx Major Command or individual DoD Agency name. A complete hierarchy level number always begins with Level 1 and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong.</p> <p><u>Organization/Unit Name</u> – The organization name at the lowest hierarchy level.</p> <p><u>Account Restriction Details</u> – If reinstated, this account will be restored as a restricted account. Restricted card accounts are set up with lower spending limits.</p> <p><u>Cash Access</u> – Check whether or not ATM access should be available to the cardholder.</p> <p><u>APC Name (required)</u> – The name of the Agency/Organization Program Coordinator completing this section of the setup/ application form.</p> <p><u>Signature (required)</u> – The APC's signature. Wet or Digital signature accepted.</p> <p><u>Date (required)</u> – The date the form was signed.</p> <p><u>Address, City, State, Zip and Country (required)</u> – Indicate the street, P.O. Box or other address information for the APC as well as City, State, Zip Code and Country.</p> <p><u>Business Phone (required)</u> – The APC's commercially accessible business telephone number, including the area code. For locations outside of the U.S., include the applicable two-digit to three-digit country code. You do not need to preface the number with an access code, such as "011" which is used to obtain an international telephone line.</p> <p><u>E-Mail Address</u> – The APC's e-mail address.</p>