

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

**Form used to add approved PAs
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 the 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. The Office of the State Comptroller will complete this information if your agency has not yet set up a hierarchy.

Section IV – Terms and Conditions

8. **Terms and Conditions:** For a change of Program Administrator, incoming and outgoing PAs must sign the form. If you are adding an alternate PA, the current PA and the new, alternate PA must sign the form.

Section V – Internal Use Only

This section is for bank use only.



CITIBANK® GOVERNMENT AGENCY PROGRAM COORDINATOR SETUP/MAINTENANCE FORM

SECTION I INSTRUCTIONS

- To add, delete or change Program Administrator (PA) information, the agency Finance Officer or an existing PA completes sections I through III and signs in Section IV.
- Indicate the type of request:
 - _____ PA Setup and CitiDirect® 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 **read 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
- User Group _____
- Maintain a copy in the agency's files.
- Fax completed form to the Office of the State Comptroller attn: Credit Card Unit at 518-473-4392.

SECTION II AGENCY 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)**

(2) _____
Business Mailing Street Address **E-mail Address**

City State Zip Code Country

(3) () (4) () _____
Business Phone **Fax Number** **Verification Information (last 4 digits of SSN)**

SECTION III REPORTING PARAMETERS

Agency/Organization Name: (6) _____

Reporting Hierarchy: (7) _____

SECTION IV (8) TERMS AND CONDITIONS

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 _____
3. State Comptroller's Office _____	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.