

**Individually Billed Card Account Application Form
For New Accounts and to Re-Open Closed Accounts
(Department of Defense Travel Card Program)**



Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations.

New Account Application <input type="checkbox"/>		Re-Open a Closed Account <input type="checkbox"/>		(Indicate below if a replacement card is required)																						
PART 1: TO BE COMPLETED BY EMPLOYEE (Optional fields are italicized and noted by an asterisk) PLEASE PRINT IN UPPERCASE (CAPITAL LETTERS)																										
Cardholder name as it should appear on the card (First Name, Middle Name or initial and Last Name): Maximum 19 characters																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> </tr> </table>																										
Account Number: If this is a request to re-open a closed account, indicate the account number and if a replacement card is required.																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">4</td> <td style="width:12.5%; text-align: center;">4</td> <td style="width:12.5%; text-align: center;">8</td> <td style="width:12.5%; text-align: center;">6</td> <td style="width:12.5%; text-align: center;">-</td> <td style="width:12.5%; text-align: center;">1</td> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%;"></td> </tr> </table>						4	4	8	6	-	1	2														
4	4	8	6	-	1	2																				
Check Box if you need a new plastic replacement card mailed to you: <input type="checkbox"/>																										
Social Security / Tax ID Number:				Date of Birth (MM/DD/YYYY):																						
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Employment Status:		Active <input type="checkbox"/>		Reserve <input type="checkbox"/>																						
		Guard <input type="checkbox"/>		Civilian <input type="checkbox"/>																						
Military Rank and Pay Grade/Civilian Pay Grade (Example: E-05, O-03, GS-09, WG-07, etc.)																										
Military Rank:		Military Pay Grade:		Civilian Pay Grade:																						
Commercial Office Phone: () -		Home Phone: () -		Email Address:																						
Address: If a P.O. Box is your Primary Mailing Address, a physical address must also be provided. You may input this address in the section below. An application providing only a P.O. Box will not be processed. For APO/FPO addresses only, a physical address is not required.																										
Primary Mailing Address (25 maximum characters)				<input type="checkbox"/> Alternate Mailing Address (for newly issued card only) <input type="checkbox"/> Physical Address, if required.																						
Address Line 1:			Address Line 1:																							
Address Line 2:			Address Line 2:																							
City or APO/FPO:		State:	City or APO/FPO:		State:																					
Zip / Postal Code:		Country:	Zip / Postal Code:		Country:																					
Card Delivery: If a new card is required, it will arrive approximately 10 to 14 business days after Bank of America receives the application. Expedited card delivery is available; however, the applicant will be charged \$20. Check here if you are requesting expedited card delivery. <input type="checkbox"/>																										
Signature and Agreement: After reading the attached Agreement between Department of Defense Employee and Bank of America, N.A. (USA) ("Agreement"): 1. Initial either A or B below; 2. Sign; 3. Obtain your supervisor's approval; and 4. Forward the completed form to your A/OPC.																										
A. _____ By signing below, I acknowledge that I have read and understand and agree to be bound by, the terms and conditions of the agreement including Bank of America's right to obtain credit reports as described in the Agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct.			B. _____ By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement; however, I do not authorize Bank of America to obtain credit reports and therefore I will not be eligible for a standard account. I attest to the best of my knowledge, that the information I have provided herein is true and correct.																							
This application is for a Government Travel Card Account, which may be standard or restricted, as described in the attached Agreement. I expressly agree to accept whichever type of account is established.																										
Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is requesting additional information to verify your identity																										
Applicant's Signature: _____			Date: _____																							
Supervisor's/Approver's Signature: _____			Date: _____																							
Part 2: TO BE COMPLETED BY (A/OPC) AGENCY/ORGANIZATION PROGRAM COORDINATOR (Optional fields are italicized and noted by an asterisk)																										
Central Account No. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">4</td> <td style="width:12.5%; text-align: center;">4</td> <td style="width:12.5%; text-align: center;">8</td> <td style="width:12.5%; text-align: center;">6</td> <td style="width:12.5%; text-align: center;">-</td> <td style="width:12.5%; text-align: center;">1</td> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">-</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">-</td> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%; text-align: center;">5</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">2</td> </tr> </table>						4	4	8	6	-	1	2	0	0	-	0	0	0	0	-	2	5	0	2		
4	4	8	6	-	1	2	0	0	-	0	0	0	0	-	2	5	0	2								
Account Hierarchy: Specify the complete Hierarchy Level (HL) number that pertains to your organization. For example: 0000001 2000005 3012345																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;"><u>HL1</u></td> <td style="width:12.5%; text-align: center;"><u>HL2</u></td> <td style="width:12.5%; text-align: center;"><u>HL3</u></td> <td style="width:12.5%; text-align: center;"><u>HL4</u></td> <td style="width:12.5%; text-align: center;"><u>HL5</u></td> <td style="width:12.5%; text-align: center;"><u>HL6</u></td> <td style="width:12.5%; text-align: center;"><u>HL7</u></td> <td style="width:12.5%; text-align: center;"><u>HL8</u></td> </tr> <tr> <td style="text-align: center;">0000001</td> <td style="text-align: center;">2000008</td> <td style="text-align: center;">3039969</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		<u>HL1</u>	<u>HL2</u>	<u>HL3</u>	<u>HL4</u>	<u>HL5</u>	<u>HL6</u>	<u>HL7</u>	<u>HL8</u>	0000001	2000008	3039969														
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0000001	2000008	3039969																								
Organization/Unit Name: Washington Headquarters Services																										
Account type*: (Check one. If the applicant initialed B in the above Signature and Agreement section, then only a restricted card may be issued. For a restricted card, if no activation/deactivation dates are provided below, the card will be issued in a deactivation status and can only be activated by the A/OPC.)																										
Standard <input type="checkbox"/>		Restricted <input type="checkbox"/>		If Restricted, Date to Activate: Month ___ Day ___ Year _____																						
				Date to Deactivate: Month ___ Day ___ Year _____																						
Card Design Type*: Standard <input type="checkbox"/>		Quasi-Generic <input type="checkbox"/>		Cash Access YES <input type="checkbox"/> NO <input type="checkbox"/>																						
				Authorize to Receive Traveler's Checks* YES <input type="checkbox"/> NO <input type="checkbox"/>																						
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. PLEASE RETAIN A COPY FOR YOUR RECORDS. Return copy to: Bank of America, Attn: GCSU, P.O. Box 52304, Phoenix, AZ, 85072-9419, Facsimile: 1.877.217.1033 or 1.888.698.5631																										
A/OPC: Larry Murray, CPM		Signature _____			Date: _____																					
Name & Title/Rank (Please Print)																										
Address Line 1: WHS Budget & Finance		Email Address: LMURRAY@BFD.WHS.MIL																								
Address Line 2: Pentagon, Room 3B287		Commercial Telephone: (703) 695-8990																								
City or APO/FPO: Washington		State: DC																								
Zip / Postal Code: 20301-1155		Country: USA																								