



**UNITED BANK LOCAL GOVERNMENT PROGRAM COORDINATOR SET UP AND MAINTENANCE FORM**

**(1) ACTION REQUESTED**

- Add a Program Coordinator (PC) (Complete all sections)
- Add a Sub-Coordinator
- Add Approver
- Delete PC/EO Access
- Add Entity Official (EO) for online access ONLY (Complete all sections)
- Change PC/EO Information (Complete reporting hierarchy and items requiring change)
- Reviewer

- D.Cal System Access**
- PC Set Up
  - EO Set Up
  - Full Administrative
  - Full Administrative
  - Read Only
  - Read Only

Maintain a copy in the PC's File.  
Fax completed form to your Regional Manager.

**PROGRAM COORDINATOR, ENTITY OFFICIAL, OR APPROVER INFORMATION**

Please indicate the Program Coordinator (PC) who is authorized to act on behalf of your Entity. Only the individual listed below will have full authorization to obtain account information and to request permanent changes to the account. Approvers will not be permitted to make changes.

(2) \_\_\_\_\_  
First Name Middle Initial Last Name (maximum 25 characters)

(3) \_\_\_\_\_  
Entity Name (maximum 25 characters)

\_\_\_\_\_ City State Zip Code  
Business Mailing Street Address

\_\_\_\_\_ PIN Number (Issued by SAO)  
Business Phone Number Fax Number

(4) \_\_\_\_\_ (5) \_\_\_\_\_  
Email Address Date of Birth (MMDDYY)

(6) Entity ID # \_\_\_\_\_ (7) Mothers Maiden Name \_\_\_\_\_

(8) Entity Credit Limit Requested \$ \_\_\_\_\_ (9) Billing Account # \_\_\_\_\_ (last 4 digits only)

(10) If completing this form for Approver, list names of individuals this person is to approve. If Approver for entire department, Indicate department name(s).  
\_\_\_\_\_  
\_\_\_\_\_

I agree to follow the West Virginia State Law, purchasing guidelines of my Local Government Entity and established Policies and Procedures. I understand that it is a violation of policy to manipulate the ordering, billing, or payment process in order to circumvent established cardholder limits or policies and procedures or for my personal benefit. I have full authority to sign this form and change the information on the Entity's behalf. All of the information is true and correct in all respects

(11) \_\_\_\_\_ Date  
Signature of Program Coordinator / Approver/ Reviewer, etc.

\_\_\_\_\_ Date  
Print Name

**AUTHORIZED SIGNATURES**

(12) \_\_\_\_\_ Date  
Signature of Authorizing Entity Official

\_\_\_\_\_ Date  
Print Name and Title of Authorizing Entity Official

\_\_\_\_\_ Fax Number  
Authorizing Entity Official Business Telephone Number Email Address

\_\_\_\_\_ Date  
WVSAO Purchasing Card Administration Signature