

UNITED BANK LOCAL GOVERNMENT PROGRAM
COORDINATOR SETUP AND MAINTENANCE FORM
INSTRUCTIONS

1. Check box for action requested. If D.Cal system access is desired, select appropriate box.
2. This field identifies the individual that will be responsible for overseeing the program at the county level. This person will be authorized to make some changes to accounts. Additional approvers may be appointed to various departments or individuals. Use this form to assign approvers. Approvers will only be permitted to approve for departments or individuals specified. Attach additional sheet if approvers are responsible for approving multiple individuals.
3. The Entity name.
4. Email Address. Email address is **REQUIRED** if D.Cal access is requested.
5. Date of Birth of individual for which you are completing this form. This is for security purposes and must be provided.
6. Entity ID. County number or other identifying number, if applicable. (not required)
7. Mother's Maiden Name of individual for which you are completing this form. This is for security purposes and must be provided.
8. Total amount of credit limit requested by entity. (Consult with your Local Government Purchasing Card Specialist for guidance)
9. Billing account number if one has been assigned. If you already have a billing account number for which you are adding a coordinator or approver. Please indicate the last four digits of that account number.

10. If using this form to add an approver, please provide the names of the individuals or department(s) for which this individual will be responsible for approving transactions. Use additional sheet if necessary.
11. Signature Line
12. Signature of program coordinator or sub coordinator and the elected official authorized to appoint coordinator.

Completed, signed form should be submitted to your Local Government Purchasing Card Specialist for processing.