



CITIBANK® PROGRAM COORDINATOR SETUP/MAINTENANCE FORM

SECTION I

INSTRUCTIONS

To add, change or delete Program Coordinator (PC) information, complete Section I through III and sign in Section IV.

- Indicate the **action** you are requesting:
 - Add a PC (**Complete entire form**)
 - Add a AO for Online Access ONLY (**Complete entire form**)
 - Change PC/AO information (**Complete Reporting Hierarchy and items requiring a change**)
 - Delete PC/AO Access
- Citidirect Access request:
 - Program Coordinator Setup and CitiDirect® Card Management System ID Request
 - Program Coordinator Setup and CitiDirect® Card Management System ID Request for Read Only
 - Approving Official Setup and CitiDirect® Card Management System ID Request for Read Only
 - PC/AO Setup and **DO NOT** issue a CitiDirect® Card Management System ID
- Citibank Custom Reporting System Access (CCRS): Y N (If yes, please indicate User Group below.)
 User Group: READ: READ/WRITE: READ/WRITE/DELETE:
- If both Citidirect and CCRS are requested, the user will be set up with Single Sign-On.

Maintain a copy in the Program Coordinator's files.
Fax completed form to your Client Account Manager at 904-954-7700.

SECTION II PROGRAM COORDINATOR INFORMATION

Please indicate the Program Coordinator who is authorized to act on behalf of your company. Only the individual listed below will have full authorization to obtain account information and to request permanent changes to an account

(5) _____
First Name of PC **Middle Initial** **Last Name (maximum 24 characters total)**

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

City **State** **Zip Code** **Country**

(7) () - (8) () - (9) () (9A)
Business Phone **Fax Number** **Verification Information** **Employee Epics ID #**

SECTION III REPORTING PARAMETERS

Agency Name/Account Number: (10) _____

Reporting Hierarchy: (11) _____

SECTION IV (12) TERMS AND CONDITIONS

I have full authority to sign this form and change the information on the Agency's behalf. All of the information is true and correct in all respects.

1. Signature of Program Coordinator	_____	Date	_____
2. Print Name of Program Coordinator	_____	Date	_____
3. Signature of Authorizing Agency Official	_____	Date	_____
4. Print Name and Title of Authorizing Agency Official	_____	Date	_____
5. Authorizing Agency Official Business Phone Number	_____	Email	_____
		Fax Number	_____
WV SAO Purchase Card Administration Signature	_____	Date	_____
Agency Org # _____ (For WVA)	Agency Tax ID _____ (For WVA)		

Numbers in parentheses correspond to numbers on guide sheet on next page.



GUIDE TO CITIBANK® COMMERCIAL CARD PROGRAM ADMINISTRATOR SETUP/MAINTENANCE FORM

Section I – Instructions

1. **Add a PC or an AO:** Allows Program Coordinator or Approving Official to tact the designated Client Account Manager as well as other areas of Commercial Cards to gather information and update accounts based on account number(s) listed in Section III.
Add a PC for Online Access ONLY: Allows PC to contact the Helpdesk to reset their password but does NOT allow them to Contact Customer Service or the Client Account Manager.
Change PC Information: Complete Reporting Hierarchy and items requiring a change
Delete PC Access: Deletion of access.
2. **Citidirect Access:**
Program Coordinator: A Program Coordinator has update access to Card Management functions, update Hierarchy, ASC/Template Maintenance, request/view Reports, access to the CERS link, and view access in Inquiry. A PC also has Statement approval rights.
Approving Official: An Approving Official has access to Card Management functions, but typically is inquire only or read only.
PC or AO Read Only: A Program Coordinator with no update capability, but view capability in Card Management and Hierarchy. No statement approval rights.
3. **Citibank Custom Reporting System Access:** Indication if PC will need access to the Citibank Custom Reporting System.
User Group:
Read - User can create queries and save them to their personal folder but cannot save to company folder. Their query will not be available to others
Read/Write - User can create and save queries to the company folder
Read/Write/Delete - User can to create queries; save and delete queries to company folder
4. If both Citidirect and CCRS are requested, the user will be set up with Single Sign-On.

Section II – PC Information

5. **Name of Program Coordinator:** Program Coordinator's full name – First name, middle initial and last name (maximum 24 characters total).
6. **Business Mailing Street Address and Program Coordinator Email Address:** Physical mailing address for the Program Coordinator. Provide Program Coordinator email address.
7. **Business Phone:** Area code and business phone number.
8. **Fax Number:** Area code and fax number.
9. **Verification Information:** PC to provide identification password. This will be requested when the PC contacts Citibank Customer Service for assistance.
- 9A. **Employee EPICS# or ID:** Identification number internal to State of West Virginia

Section III – Reporting Parameters

10. **Company Name:** Please provide complete name of company of PC.
11. **Reporting Hierarchy:** The five-digit reporting code assigned to each level within the agency's hierarchy that defines the Cardholder's relationship within your Company's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Manager for your Agency's specific codes.

Section IV – Terms and Conditions

12. **Terms and Conditions:** For a **change** of Program Coordinator, authorizing agency official. If you are **adding an alternate** PC, the Authorizing Agency Official and the new, alternate PC must sign the form.
West Virginia SAO Card Administration signature required.
Agency Organization #: Internal identifier for State of West Virginia.
Agency Tax ID #: Internal information for State of West Virginia.