

Cardholder Controls – to be completed by A/OPC

Cardholder Name

Authorization Controls

ATM Pin Request (Y or N) :

	Standard Card Overall Account Credit Limit \$	Restricted Card Overall Account Credit Limit \$
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Merchant Category Code Groups (at least 1 MCCG required) – Indicate **Exclude, Divert or Blank**

	Cycle Limits STANDARD	Cycle Limits RESTRICTED
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MCC Group 1		MCCG1 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)	MCC Group 1 Single Purchase Limit \$	\$	\$
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MCC Group 2		MCCG2 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)	MCC Group 2 – Single Purchase Limit \$		
MCC Group 2 – Other Dollar Amount (If Cash)			MCC Group 2 – Refresh Day of Week	\$	\$
Cash Daily \$ Cash Weekly \$			Wednesday-7 Days		
Restricted: Cash Daily \$ Cash Weekly \$					

MCC Group 3		MCCG3 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)	MCC Group 3 – Single Purchase Limit \$		
MCC Group 3 – Other Dollar Amount (If Cash)			MCC Group 3 – Refresh Day of Week	\$	\$
Cash Daily \$ Cash Weekly \$			Wednesday-7 Days		
Restricted: Cash Daily \$ Cash Weekly \$					

MCC Group 4		MCCG4 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)	MCC Group 4 – Single Purchase Limit \$		
MCC Group 4 – Other Dollar Amount (If Cash)			MCC Group 4 – Refresh Day of Week	\$	\$
Cash Daily \$ Cash Weekly \$			Wednesday-7 Days		
Restricted: Cash Daily \$ Cash Weekly \$					

MCC Group 5		MCCG5 Action Code: <input type="checkbox"/> (Exclude, Divert or, Blank)	MCC Group 5 – Single Purchase Limit \$		
MCC Group 5 – Other Dollar Amount (If Cash)			MCC Group 5 – Refresh Day of Week	\$	\$
Cash Daily \$ Cash Weekly \$			Wednesday-7 Days		
Restricted: Cash Daily \$ Cash Weekly \$					

MCC Group 6		MCCG6 Action Code: <input type="checkbox"/> (Exclude or Divert)			
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If Action=Divert, Diversion Account # 5 5 6 8 --- 2 6 7 9 -- 0 0 0 0 ---

Master Accounting Code	Segment 1	Segment 2	Segment 3	Segment 4	Segment 5	Segment 6
	Blank					

Approval Required – A/OPC

Approved By: Name (Please Type or Print) _____ A/OPC Signature: _____ Date: _____

Address Line 1 _____ Address Line 2 _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____

Forms may be sent by facsimile transmission to JPMC without hard copy follow up provided, however, that JPMC shall be entitled to rely on any unconfirmed, facsimile transmission made by any person or persons JPMC reasonably believes to be acting on behalf of the Corporation as if such notice had been confirmed and the Corporation hereby indemnifies and holds JPMC harmless from any loss, cost or expense, including reasonable attorney's fees, which JPMC may incur or become liable for as a result of such reliance.

Bank Use Only

Account Number _ _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _

Date: _____

Initials: _____

INTEGRATED ACCOUNT APPLICATION INSTRUCTIONS

Purpose: The U. S. Department of the Interior will use this form to establish an individual integrated card account.

Instructions: Cardholders: Fill out the section entitled “Action Required” and “Cardholder Information Required.” Please print or type all information except your signature.

Supervisors: After reviewing the information provided by the Employee, complete the Supervisors name and signature at the bottom of “Cardholder Information Required.” Please print or type all information except your signature.

A/OPCs: Fill out the sections entitled “Agency Information Required”, “Cardholder Controls”, and “Approval Required—A/OPC” Please print or type all information except your signature.

Action Required –

- **New Account:** Check this box if the applicant has not had a JPMorgan Chase MasterCard with the Department of the Interior in this bureau.
- **Reinstatement:** Check this box if the applicant already had a JPMorgan Chase MasterCard account with the Department of the Interior in their current bureau that was previously closed and/or cancelled. Do not use “reinstatement” if cardholder is moving from one bureau to another.
- **Recheck Credit:** Check this box if the applicant already has a JPMorgan Chase MasterCard account with the Department of the Interior, but is now requesting an initial, or a recheck, of their credit score.

Cardholder Account – If action “Recheck Credit” is requested then complete cardholders current account number.

Agency Information Required

Company Number – Choose and complete the appropriate bureau company code listed below:

BUREAU	COMPANY NUMBER
Office of the Secretary	70000
Bureau of Land Management	70001
Bureau of Indian Affairs	70002
Bureau of Reclamation	70003
US Geological Survey	70005
National Park Service	70006
US Fish and Wildlife Service	70007
Office of Surface Mining	70008
Minerals Management Service	70009
Office of Special Trustee	70011
Office of Inspector General	70012

PaymentNet ID – Refer to Bureau Hierarchy Listing. Report available to download in PaymentNet, Report entitled, “Hierarchy List by Level.” List only the single hierarchy node at which the card will reside.

Tax Exempt Field – – Choose the appropriate bureau code listed below:

BUREAU	TAX EXEMPT STATUS CODE
Office of the Secretary	119
Bureau of Land Management	109
Bureau of Indian Affairs	108
Bureau of Reclamation	110
US Geological Survey	116
National Park Service	115
US Fish and Wildlife Service	111
Office of Surface Mining	114
Minerals Management Service	112
Office of Special Trustee	117
Office of Inspector General	136

Cardholder Information Required							
Cardholder name as it should appear on the card – Field length available: 25 characters. Name should be listed First Name, space, then Middle Initial then Last Name. The First name plus middle initial should be separated from the last name by an asterisk.							
Social Security Number – Self-explanatory.							
Date of Birth – Self-explanatory.							
Name Line 2: TAX EXEMPT ID 140001849 –Standard for most DOI accounts							
Primary Mailing Address – This is the address to which the employee’s statement of account should be mailed. In general, a physical address is required on any “Code Red” or rush application. If the Purchase Business Line is being requested, the address shall be the applicant’s office address in all cases.							
<ul style="list-style-type: none"> • <u>Address Line 1</u>: Indicate the street or other address information. [Field length available: 35 positions. Data Type: Alphanumeric.] • <u>Address Line 2</u>: If needed, continue with the street or other address information required for mail delivery. [Field length available: 35 positions. Data Type: Alphanumeric.] • <u>City</u>: Self-explanatory. [Field length available: 23 positions. Data Type: Alphabetic.] • <u>State</u>: Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.] • <u>Zip Code</u>: Self-explanatory. [Field length available: 5 positions. Data Type: Numeric.] 							
Telephone Numbers (including applicable Area Codes) –							
<ul style="list-style-type: none"> • Work Phone: The applicant’s commercially accessible work telephone number. [Field length available: 17 positions. Data Type: Numeric.] • Fax Number: The applicant’s commercially accessible fax number, if available. [Field length available: 17 positions. Data Type: Numeric.] • Home: The applicant’s home telephone number. [Field length available: 17 positions. Data Type: Numeric.] 							
Master Accounting Code - MAC or Default Account Code – The default account code that will be applied to all transactions for this account for budget tracking purposes. This is a mandatory field for non-FBMS bureaus. Complete segments in accordance with bureau format below. Note: FBMS bureaus should leave this section blank.							
Bureau/Accounting Entity	Format Example*						
	SEG 1	SEG 2	SEG 3	SEG 4	SEG 5	SEG 6	
Bureau of Indian Affairs (BIA)	Blank	2010-A00100-31010	A0001000	261A	N/A	N/A	
Bureau of Land Management (BLM)	Blank	N/A	N/A	N/A	N/A	N/A	
Bureau of Reclamation (BOR)	Blank	K12-12345678-1234567	1234567	#####	261A	N/A	
Fish and Wildlife Service (FWS)	Blank	2010-12610000	12345	665K	261A	N/A	
Minerals Management Service (MMS)	Blank	N/A	N/A	N/A	N/A	N/A	
Office of the Secretary	Blank	2009	6600	CBW01-#####	CZ	261A	
Office of Surface Mining	Blank	N/A	N/A	N/A	N/A	N/A	
National Park Service	Blank	201014920002SYA	261A	N/A	N/A	N/A	
US Geological Survey	Blank	2010-2011	6120-00060	261A	N/A	N/A	
Office of the Special Trustee	Blank	2010-70000000	9999	261A	N/A	N/A	
Business Lines Requested – Select business line(s) requested by supervisor. If purchase is selected, convenience checks may be selected with the proper training and approval.							
Credit Worthiness Certification – Employee must initial authorizing consent for JPMorgan Chase to perform a credit worthiness evaluation or deny consent. If an applicant denies consent, a restricted card will be issued with reduced spending limits. If neither block is initialed, the application will be returned to the A/OPC for further instruction.							

Applicant's Signature and Date – Employee's signature and the date the application form is signed.		
Supervisor's Approval Signature and Date – Employee's supervisor must sign and date the setup/application form.		
Cardholder Controls (Section to be completed by the Agency/Organization Program Coordinator)		
Cardholder name as it should appear on the card – Self-explanatory.		
ATM Pin Request – Check whether or not a PIN mailer should be mailed to the cardholder (travel business line only). <ul style="list-style-type: none"> • <u>Yes (GSTD): An ATM Personal Identification Number (PIN) for cash access will be issued to the cardholder</u> • <u>No (GSPN): No ATM Personal Identification Number (PIN) will be issued to the cardholder.</u> 		
Authorization Controls – Specify the Authorization Controls that will apply to this account. Authorization controls identify the type of transactions a cardholder may make and to limit account spending on a daily, weekly, or per cycle basis <ul style="list-style-type: none"> • <u>MCC Group</u> – See DOI list of authorized MCC Groupings at http://www.doi.gov/pam/chargecard/aopcs.html#2. If either box is blank, the application will be returned to the A/OPC for further instruction. • <u>MCCG Action Code</u> – Choices are “B” Blank, “E” Exclude and “D” Divert. See hyperlink above for MCC Grouping List. • <u>Spending Limits</u> – See Bureau Lead for chart of spending limits. <ul style="list-style-type: none"> • Single Purchase Limit • Cycle Limit • Other Dollar Amount (if cash) • <u>Overall Credit Limit</u> – See Bureau Lead for chart of spending limits. If either box is blank, the application will be returned to the A/OPC for further instruction. <ul style="list-style-type: none"> • <u>Standard</u> – Add total of all assigned purchase and travel grouping cycle limits, including monthly cash limit, to come up with total. • <u>Restricted</u> – Add total of all assigned purchase and restricted travel grouping cycle limits, including monthly cash limit, to come up with total and round up to nearest \$1,000. 		
If Action=Divert, Diversion Account No. Complete bureau primary diversion account number.		
<u>BUREAU</u>	<u>LAST FOUR OF DIVERSION ACCOUNT NUMBER</u>	
Office of the Secretary	####-####-####-2799	
Bureau of Land Management	####-####-####-2815	
Bureau of Indian Affairs	####-####-####-2849	
Bureau of Reclamation	####-####-####-2880	
US Geological Survey	####-####-####-2930	
National Park Service	####-####-####-2963	
US Fish and Wildlife Service	####-####-####-2997	
Office of Surface Mining	####-####-####-3029	
Minerals Management Service	####-####-####-3045	
Office of Special Trustee	####-####-####-3300	
Office of Inspector General	####-####-####-3086	
Please verify the Master Accounting Code indicated in “Cardholder Information Required” above. If incorrect, please specify the correct one here – Self-explanatory.		
Part 2 (Section to be completed by the Agency/Organization Program Coordinator)		
A/OPC – Printed or typed name of the Agency/Organization Program Coordinator (A/OPC) authorizing this application on behalf of their bureau or office and the Department of the Interior.		
Signature – A/OPC's signature.		
Date – Date of A/OPC's signature.		
Address Line 1 – The first line of the agency address should start with the bureau or office name.		
Address Line 2 – If needed, continue with the street, P.O. Box or other address information.		
City – Self-explanatory.	State – Self-explanatory.	Zip Code – Self-explanatory.
Phone – Self-explanatory.	Fax - Self-explanatory.	E-mail – Self-explanatory.
Once completed, <u>A/OPC ONLY</u> may FAX completed application form(s) to:		
JPMorgan Chase at 1-888-297-0785		