

GSA SmartPay2 – Department of the Interior - Aviation Account Form

To ensure accurate and timely processing please type or print clearly. Incomplete, illegible forms will not be processed.

Agency Information Required																						
Agency/Organization Name: United States Department of the Interior																						
Company # 70000 (5 digits total)				Bank 8226				Plastic Type <input checked="" type="checkbox"/> Standard (Agent 0348)														
Hierarchy Level:		Level 1 00003		PaymentNet Hierarchy ID 5113481OSNBC						Tax Exempt Field 1 1 9												
Cardholder Information Required																						
Cardholder Name (First Name MI, (Asterisk*), Last Name)																						
Social Security Number (Required)				Date of Birth (MM/DD/YYYY) (Required)																		
Name Line 2		TAX EXEMPT ID 140001849																				
Address Line 1																						
Address Line 2																						
City										State		Zip Code										
Telephone Numbers: (Including applicable Area Codes):				Work Phone () -				FAX Number () -														
Master Accounting Code		Segment 1 Blank		Segment 2		Segment 3		Segment 4		Segment 5		Segment 6										
Cardholder Signature:							Date:															
Supervisor Name and signature: Name (Please Type or print)							Supervisor Signature															
Supervisor Name and signature: Name (Please Type or print)							Date:															
Account Controls – to be completed by A/OPC																						
												Credit Limit \$20,000.00 (Same as Cycle Limit)										
MCC Group 1		X	P	F	R	N	C	C	N	C	D	MCCG1 Action Code: D										
MCC Group 2		X	P	F	R	N	C	C	N	C		MCCG1 Action Code: I		MCC Group 1 Cycle Limit \$20,000.00		MCC Group 1 Single Purchase Limit \$3,000.00						
If Action=Divert, Diversion Account #				5	5	6	8	---	2	6	7	9	--	0	0	0	0	---				
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: _____															

AVIATION ACCOUNT APPLICATION INSTRUCTIONS

Purpose: The U. S. Department of the Interior will use this form to establish an aviation account for the GSA SmartPay2 program.

Instructions:

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

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

A/OPCs: Fill out the section entitled “Approval Required—A/OPC.” Please print or type all information except your signature.

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.

- Address Line 1: Indicate the street or other address information. [Field length available: 35 positions. Data Type: Alphanumeric.]
- Address Line 2: If needed, continue with the street or other address information required for mail delivery. [Field length available: 35 positions. Data Type: Alphanumeric.]
- City: Self-explanatory. [Field length available: 23 positions. Data Type: Alphabetic.]
- State: Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.]
- Zip Code: Self-explanatory. [Field length available: 5 positions. Data Type: Numeric.]

Telephone Numbers (including applicable Area Codes) –

- **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.]

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. Complete segments in accordance with bureau format below:

Bureau/Accounting Entity	Format Example*					
	SEG 1	SEG 2	SEG 3	SEG 4	SEG 5	SEG 6
Office of the Secretary	Blank	2009	6600	CBW01-#####	CZ	261A

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.

Approval Required – A/OPC (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, A/OPC ONLY may FAX completed application form(s) to:

JPMorgan Chase at **1-888-297-0785**