

GSA SmartPay2 – Department of the Interior – BLM Uniform 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 # 735 0 1 (5 digits total) Bank 8226 | | | | Plastic Type <input checked="" type="checkbox"/> Standard (Agent 0102) | | | | | | | |
| Hierarchy Level: | | Level 1 00003 | | PaymentNet Hierarchy ID | | | | | | | |
| 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 Blank | | Segment 3 Blank | | Segment 4 Blank | | Segment 5 Blank | |
| | | | | | | | | | | | |
| Cardholder Signature: _____ | | | | | | Date: _____ | | | | | |
| Supervisor Name and signature: _____ Name (Please Type or print) | | | | | | Supervisor Signature | | | Date: _____ | | |
| Account Controls – to be completed by Supervisor | | | | | | | | | | | |
| TSYS Credit Limit = Annual uniform card limit (refresh every fiscal year) | | | | | | TSYS Credit Limit: Choose amount. (Same as TSYS Single Amount Limit) | | | | | |
| MCC Group 1 | | U B L M U N I F M | | | | MCCG1 Action Code: <u>I</u> | | TSYS Single Amount Limit: Choose amount. (Same as TSYS Credit Limit) | | | |
| 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: _____ | | | | | |

Forward completed application to the National Operation Center (NOC)

UNIFORM APPLICATION INSTRUCTIONS

Purpose: The U. S. Department of the Interior will use this form to establish a uniform 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.” Supervisor should select and complete the appropriate TSYS Cycle Limit from the drop-down, and complete the TSYS Credit Limit with the same amount. Please print or type all information except your signature.

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

Agency Information Required

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.

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.

- **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.]

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.

Uniform Account Controls (Section to be completed by Supervisor)

Authorization Controls – Specify the Authorization Controls that will apply to this account. Authorization controls identify the account spending limits for the fiscal year.

- **MCC Group** – Provided on the form.
- **MCCG Action Code** – Provided on the form
- **TSYS Credit Limits** – Fiscal Year amount available to cardholder. To be determined by Supervisor.
 - **TSYS Single Amount Limit** – Fiscal Year amount available to cardholder. To be determined by Supervisor. Same as over-all Credit Limit.
- **MCC Group Limits** – Not necessary on Uniform Application Form.

NOTE: If any box is blank, the application will be returned to the A/OPC for further instruction.

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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 mail completed application form(s) to:

National Operation Center (NOC)

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