



Return Copy to:

Bank of America  
 Government Card Services  
 P.O. Box 1637  
 Norfolk, VA 23501-1637  
 Fax: (757) 441-4993  
 Fax: (888) 784-1039 (toll free)

**Individually Billed Card Account Setup/Application Form**

TO BE COMPLETED BY EMPLOYEE PLEASE TYPE OR PRINT ALL INFORMATION

First Name	Last Name	M I	Social Security Number/Tax ID#																		
Date of Birth (mm/dd/yyyy)																					

Agency Name:  
 USDS, ARS, Mid South Area

Office Telephone Number:

Email Address:

**Address:** If a P.O. Box is your Primary Mailing Address, a physical address must also be provided. You may input this address in the section below. An application providing only a P.O. Box will not be processed. For APO/FPO addresses only, a physical address is not required.

Primary Mailing Address (25 maximum characters)	<input type="checkbox"/> Alternate Mailing Address (for newly issued card only) <input type="checkbox"/> Physical Address, if required.		
Address Line 1:	Address Line 1:		
Address Line 2:	Address Line 2:		
City or APO/FPO:	State:	City or APO/FPO:	State:
Zip:	Country:	Zip:	Country:

By signing below, I (a) request that a Government Card be issued in my name, (b) agree to use the Card for official travel and official travel related expenses only, and to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card, and (c) attest to the best of my knowledge, that the information I have provided herein is true and correct.

Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is requesting additional information to verify your identity.

PLEASE RETAIN COPY FOR YOUR RECORDS.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Social Security Number or other unique identifier.

**NOTE:** See attached Agreement between Agency/Organization Employee and Bank of America, N.A. (USA) for the terms and conditions of your Account.