

**Integrated Card Account Setup/Application Form (pg. 1 of 2)**



**U. S. Department of the Interior**

(Optional fields are *italicized*. DO NOT use this form for Uniform or Vehicle/Fleet accounts)  
 Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations.

PART 1 - TO BE COMPLETED BY EMPLOYEE			BUREAU OF LAND MANAGEMENT		
Action Required: (Check one)		New Account <input type="checkbox"/>	Reinstatement <input type="checkbox"/>	Recheck Credit <input type="checkbox"/>	
Cardholder name as it should appear on the card (First Name, Middle Name or Middle Initial and Last Name (Maximum 26 characters):					
Social Security Number		Date of Birth (MM/DD/YYYY)			
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		
Address Line 3			Address Line 3		
City:			City:		
State:		Zip Code:		State:	
State:		Zip Code:		State:	
Telephone Numbers: (Including applicable Area Codes)					
Office:		Ext.:	Home:		Fax Number:
E-mail Address:					
Are you currently a user of the Electronic Account Government Ledger System (EAGLS)?			If yes, please provide current EAGLS User ID:		
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Line Requested:					
Travel/Fleet <input type="checkbox"/>		Purchase*/Fleet <input type="checkbox"/>		Travel/Purchase*/Fleet <input type="checkbox"/>	
				Office Travel Account <input type="checkbox"/>	
*Note: If required by bureau/office policy or procedures, when selecting the Purchase Business Line, you must provide the completion date for Purchase Training. Indicate date here:					
If you have requested a Purchase Business Line, are you warranted?			*If yes, check box below to indicate your appropriate warrant level:		
Yes* <input type="checkbox"/> No <input type="checkbox"/>			1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Master Accounting Code (Default Account Code):			Are Convenience Checks required?: (For Purchase Business Line only)		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Office Assignment and Address: (To be used by the Department of the Interior)					
Office Division or Branch:				City:	
Street Address:				State:	Zip Code:
By signing below, I (a) request that a Government Card be issued in my name, (b) agree to use the Card for Government official business only, including mandatory use, in accordance with Department of the Interior policy; (c) agree to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card and; (d) attest to the best of my knowledge, that the information I have provided herein is true and correct.					
1. Provide First and Last Name Initial on A or B below; 2. Sign; 3. Obtain your supervisor's approval; and 4. Forward the completed form to your A/OPC.					
A) _____ (sign your initials) I authorize the bank to obtain a credit report as described in the agreement					
B) _____ (sign your initials) I do not authorize the bank to obtain a credit report and therefore I will not be eligible for a standard account.					
This application is for a Government Charge Card Account, which may be standard or restricted, as described in Paragraph 6 of the attached Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the USA PATRIOT Act, FIA Card Services, N.A. is requesting additional information to verify your identity.					
<b>PLEASE RETAIN COPY FOR YOUR RECORDS</b>					
Applicant's Signature: _____				Date: _____	
NOTE: See attached Agreement between Department of the Interior Employee and FIA Card Services, N.A. for the terms and conditions of your Account.					
By signing below, I approve the issuance of a new card.					
Supervisor's Name & Title: _____					
Name/title (Please print)			Signature		
Commercial Office Telephone:		Ext.:		Date: _____	

Part 2 on the next page must be completed by the employee's A/OPC.

DOI Integrated

GTSGCS-04

Revised 09/05/2007

**Integrated Card Account Setup/Application Form (pg. 2 of 2)**



**U. S. Department of the Interior**

(Optional fields are *italicized*. DO NOT use this form for Uniform or Vehicle/Fleet accounts)  
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PART 2 TO BE COMPLETED BY A CPC																											
Cardholder name as it should appear on the card (First Name, Middle Name or Middle Initial and Last Name): (Maximum 26 characters):																											
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Central Account No.    5   5   6   8   —   1   6   —   —   —   —   —																											
DOI Hierarchy: Specify the complete Hierarchy Level (HL) number that pertains to the applicant's organization. For example, 0000003 0000005 3012345.																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">HL1</td><td style="width: 12.5%; text-align: center;">HL2</td><td style="width: 12.5%; text-align: center;">HL3</td><td style="width: 12.5%; text-align: center;">HL4</td><td style="width: 12.5%; text-align: center;">HL5</td><td style="width: 12.5%; text-align: center;">HL6</td><td style="width: 12.5%; text-align: center;">HL7</td><td style="width: 12.5%; text-align: center;">HL8</td> </tr> <tr> <td style="text-align: center;">0000003</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	0000003							
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8																				
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Please verify the Master Accounting Code indicated in Part 1 above. If incorrect, please specify the correct one here:																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">FIPS Code:</td> <td style="width: 40%;">Card Issuance:</td> <td style="width: 40%;">ATM Access:</td> </tr> <tr> <td style="text-align: center;">1 4</td> <td>                     Integrated (MIG) <input type="checkbox"/>    No Card (Office Travel Account) <input type="checkbox"/> </td> <td>                     Yes (GSTD) <input type="checkbox"/>    No (GSPN) <input type="checkbox"/> </td> </tr> </table>												FIPS Code:	Card Issuance:	ATM Access:	1 4	Integrated (MIG) <input type="checkbox"/> No Card (Office Travel Account) <input type="checkbox"/>	Yes (GSTD) <input type="checkbox"/> No (GSPN) <input type="checkbox"/>										
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Account Type:    * If Limited Use, specify how the account should be restricted. (Note: All reinstated accounts must be limited use.)																											
Standard <input type="checkbox"/> Limited Use* <input type="checkbox"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date to Activate:</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> </tr> <tr> <td style="width: 25%;">Date to Deactivate:</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> </tr> </table>												Date to Activate:	Month	Day	Year	Date to Deactivate:	Month	Day	Year								
Date to Activate:	Month	Day	Year																								
Date to Deactivate:	Month	Day	Year																								
Standard Authorization Control Option Set Number: (Please fill in the five-character alphanumeric code)																											
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Restricted Authorization Control Option Set Number: (Please fill in the five-character alphanumeric code)																											
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0	3																										
Convenience Checks: (Cardholders with a Purchase Business Line only. Must be warranted to exceed \$2,500 but may not exceed warrant level.)																											
If authorized to receive, single purchase amount not to exceed:    Issue an initial book with the number of Convenience Checks indicated below.																											
\$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> 20 Checks <input type="checkbox"/> 50 Checks <input type="checkbox"/> Auto Reissue <input type="checkbox"/>																											
By signing below, I hereby authorize, on behalf of the Department of the Interior, a Government Card be issued to the employee named above. To the best of my knowledge, the employee's current or past government accounts are in good standing. PLEASE RETAIN A COPY FOR YOUR RECORDS. Send application to the address or facsimile number identified in the instructions.																											
A/OPC: _____    Signature _____    Date: _____																											
(Name (Please Type or Print))																											
E-mail Address: _____																											
Address Line 1: _____    City: _____    State: _____																											
Address Line 2: _____    Zip Code: _____    Country: _____																											
Address Line 3: _____    Office Phone: _____    Ext. _____																											

**Please Mail or Fax form to the following:**  
 Government Card Services  
 P.O. Box 1637  
 Norfolk, VA 23501-1637  
 Fax: (757) 441-4993  
 Fax: (888) 784-1039 (toll free)  
 Code Red Fax: (888) 311-6877

**Purpose:** The U. S. Department of the Interior will use this form to establish an individual integrated card account or office travel account for the GSA SmartPay program.

**Instructions: Cardholders:** Fill out the section entitled "Part 1: To be completed by Employee." Please print or type all information except your signature.

**Supervisors:** After reviewing the information provided by the Employee, complete the Supervisors section at the bottom of "Part 1: to be completed by Employee." Please print or type all information except your signature.

**A/OPCs:** Fill out the section entitled "Part 2: To be completed by the Agency/Organization Program Coordinator." Please print or type all information except your signature.

**Part 1: TO BE COMPLETED BY EMPLOYEE**

**Action Required –**

- **New Account:** Check this box if the applicant has not had a Bank of America MasterCard with the Department of the Interior in this bureau.
- **Reinstatement:** Check this box if the applicant already had a Bank of America MasterCard account with the Department of the Interior that was previously closed and/or cancelled.
- **Recheck Credit:** Check this box if the applicant already has a Bank of America MasterCard account with the Department of the Interior, but is now requesting an initial, or a recheck, of their credit.

**Cardholder name as it should appear on the card –** Self-explanatory.

**Social Security Number or Other Unique Identifier –** Self-explanatory.

**Date of Birth –** Complete information as appropriate

**Primary Mailing Address –** This is the address to which the employee's statement of account should be mailed. If a P.O. Box is provided, a physical address is required in the designated section. For APO/FPO addresses only, a physical address is not required. If the Purchase Business Line is being requested, this should be the applicant's office address, unless otherwise directed by bureau/office policy.

- **Address Line 1:** Indicate the street or other address information. [Field length available: 40 positions. Data Type: Alphanumeric.]
- **Address Line 2:** If needed, continue with the street or other address information required for mail delivery. [Field length available: 40 positions. Data Type: Alphanumeric.]
- **Address Line 3:** If needed, continue with the street, P.O. Box or other address information required for mail delivery. [Field length available: 40 positions. Data Type: Alphanumeric.]
- **City:** Self-explanatory. [Field length available: 19 positions. Data Type: Alphabetic.]
- **State:** Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.]
- **Zip Code:** Self-explanatory. [Field length available: 9 positions. Data Type: Numeric.]

**Alternate Mailing Address or Physical Mailing Address –** Complete this section if a P.O. Box is being provided as your Primary Mailing Address. Or, Complete this section if you would like the card mailed to an address that is different than the Primary Mailing Address to which the regular billing statement will be sent. NOTE: Expedited delivery to an alternate mailing address should be requested in emergency situations only.

- **Address Line 1:** Indicate the street or other address information. [Field length available: 40 positions. Data Type: Alphanumeric.]
- **Address Line 2:** If needed, continue with the street or other address information required for mail delivery. [Field length available: 40 positions. Data Type: Alphanumeric.]
- **Address Line 3:** If needed, continue with the street or other address information required for mail delivery. [Field length available: 40 positions. Data Type: Alphanumeric.]
- **City:** Self-explanatory. [Field length available: 19 positions. Data Type: Alphabetic.]
- **State:** Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.]
- **Zip Code:** Self-explanatory. [Field length available: 9 positions. Data Type: Numeric.]

**Part 1: TO BE COMPLETED BY EMPLOYEE (continued)**

**Telephone Numbers (including applicable Area Codes) –**

- **Commercial Office Phone:** The applicant’s commercially accessible work telephone number. [Field length available: 17 positions. Data Type: Numeric.]
- **Home:** The applicant’s home 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.]

**E-mail Address –** Employee’s internet e-mail address, if available. [Field length available: 60 positions. Data Type: Alphanumeric.]

**Are you currently a user of the Electronic Account Government Ledger System (EAGLS)? –** Check the appropriate box to indicate whether or not you already have been issued a User ID for access to Bank of America’s Electronic Account Government Ledger System.

**If yes, please provide current EAGLS User ID –** If you are already an EAGLS user, indicate your EAGLS User ID. [Field length available: 8 positions. Data Type: Alphanumeric.]

**Business Line Requested –**

- **Travel/Fleet:** An account issued to an individual for the Travel and Fleet Business Lines only.
- **Purchase\*/Fleet:** An account issued to an individual for Purchase and Fleet Business Lines only.
- **Travel/Purchase\*/Fleet:** An account issued to an individual for all three Business Lines.
- **Office Travel Account:** An office account to be used for invitational travel.

**If you have requested a Purchase Business Line, are you warranted? –** For cardholders with purchase authority, specify if you hold a contracting officer’s warrant and check the appropriate box to indicate your warrant level.

**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. Include (a) an appropriation code and (b) a cost accounting data/code. Examples of MACs for each bureau are listed in the following table:

Bureau/Accounting Entity	Total Accounting Code Length	Formatted Example*
Bureau of Indian Affairs (BIA)	29	2000-A00100-31010#####261A
Bureau of Land Management (BLM)	23	2000182000####BC640261A
Bureau of Reclamation (BOR)	38	K12-12345678-12345671234567#####261A
Fish and Wildlife Service (FWS)	26	2000-1261000012345665K261A
Minerals Management Service (MMS)	N/A	
Office of the Secretary	26	20006600CBW01-#####261A
Office of Surface Mining	N/A	
DOI Gov Works	13	5G2500RCC261A
National Park Service	19	200014920002SYA261A
US Geological Survey	23	2000-####6120-00060261A
Office of the Special Trustee	21	2000-700000009999261A
Office of Aircraft Services	N/A	
BOR Job Corps	23	2001-JB1-5035216701261A

\*Color Coding for Account Code Segmentation:      Segment 1      Segment 2      Segment 3      Segment 4

**Are Convenience Checks required? –** If you have requested the Purchase Business Line, check the appropriate box to indicate whether or not you also will require Convenience Checks.

**Office Assignment and Address –** For Department of the Interior use only. Self-explanatory.

**Applicant’s Signature and Date –** Employee’s signature and the date the application form is signed. Indicate your choice by initialing either A. or B.

- If an applicant initials B., 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.

**Supervisor’s Approval Signature and Date –** Employee’s supervisor must sign and date the setup/application form.

Part 2 (Section to be completed by the Agency Organization Program Coordinator)

**Cardholder name as it should appear on the card – Self-explanatory.**

**Social Security Number or Other Unique Identifier – Self-explanatory.**

**Central Account Number –** The 16 digit roll-up number assigned for this billing entity. This number allows Government Card Services to assign the centrally-billed transactions to the correct account. The first six digits have been pre-filled for your convenience.

**Account Hierarchy (HL1 to HL8) –** The hierarchy level (HL) numbers under which the new account will be established. Complete as many hierarchical levels as are appropriate for the cardholder/account. A/OPCs should refer to the hierarchy lists published by their bureau or office to determine the correct numbers to use. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Hierarchy levels are sequential and indicate the organization's structure as illustrated below:

HL1 = 0000003 Department of the Interior  
 HL2 = 00000XX Bureau\*  
 HL3 = 3XXXXXXX

\*The HL2 numbers available for use by the Department of the Interior include:

Office of the <u>Secretary</u> 0000001	Bureau of Land <u>Management</u> 0000005	Bureau of <u>Indian Affairs</u> 0000006	Bureau of <u>Reclamation</u> 0000007	U. S. Geological <u>Survey</u> 0000008	National Park <u>Service</u> 0000010
	U. S. Fish and <u>Wildlife Service</u> 0000015	Office of <u>Surface Mining</u> 0000022	Minerals Management <u>Service</u> 0000023		

A complete hierarchy level number always begins with Level 1 and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong.

**Please verify the Master Accounting Code indicated in Part 1 above. If incorrect, please specify the correct one here – Self-explanatory.**

**FIPS Code –** Indicate the Federal Information Processing Standards Code assigned to your organization. The Department of the Interior's two-digit code (14) has been pre-filled. The FIPS Code is used for the identification of Federal and Federally-Assisted Organizations. For more information, see Publication 95-1, or download from <http://www.nist.gov/itl/div897/pubs/fip95-1.html>. [Field lengths available: 4 positions. Data Type: Alphanumeric.]

**Card Issuance –** Based on the Business Lines selected, indicate whether or not a card is to be issued.

- **Integrated (MIGI):** A card will be issued for this account featuring a plastic design that indicates the account is issued for official government use only.
- **No Card (Office Travel Account):** A Centrally Billed card less account used to pay for invitational travel expenses will be established. "Office Travel Account" must also be selected as the Business Line.

**ATM Access –** Check whether or not cash access via ATM should be available to the cardholder (travel business line only).

- **Yes (GSTD):** An ATM Personal Identification Number (PIN) for cash access will be issued to the cardholder
- **No (GSPN):** Cash access via ATM will not be available to the cardholder.

**Account Type –** Designate whether the applicant's account should be Standard or Limited Use.

**If Limited Use, specify the following –** If the Limited Use option is chosen, enter the dates the card is to be initially available for use and then deactivated after initial use, if known. If no dates are provided, the card will be issued in a deactivated status and must be activated by the A/OPC before the cardholder will be able to use it. Cardholder confirmation of card receipt will not result in automatic activation for a Limited Use card as it does for a Standard card.

**Authorization Control Option Set Number (Standard and Restricted) –** Specify the Authorization Control Option Set number that will apply to this account. Option sets identify the type of transactions a cardholder may make and to limit account spending on a daily, weekly, or per cycle basis. If either box is blank, the application will be returned to the A/OPC for further instruction.

Part 2 (Section to be completed by the Agency Organization Program Coordinator)

**Convenience Checks** – Convenience Checks are available only to applicants requesting the Purchase Business Line. If the cardholder is authorized to receive them, check the appropriate box to indicate the single purchase limit specific to the convenience checks ordered and indicate the number of Checks, either 20 or 50, required for issuance. All accounts requiring Convenience Checks will receive an automatic replenishment of the quantity specified as Checks are used.

**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.

**E-mail Address** – The A/OPC’s e-mail address.

**Address Line 1** – The first line of the agency address should start with the bureau or office, such as Bureau of Land Management. [Field length available: 40 positions. Data Type: Alphanumeric.]

**Address Line 2** – If needed, continue with the street, P.O. Box or other address information. [Field length available: 40 positions. Data Type: Alphanumeric.]

**Address Line 3** – If needed, continue with the street, P.O. Box or other address information. [Field length available: 40 positions. Data Type: Alphanumeric.]

**City** – Self-explanatory. [Field length available: 19 positions. Data Type: Alphabetic.]

**State** – Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.]

**Zip Code** – Self-explanatory. [Field length available: 9 positions. Data Type: Numeric.]

**Once completed, you may MAIL or FAX completed application form(s) to:**

Bank of America  
Attn: Government Card Services Unit (GCSU)  
P. O. Box 1637  
Norfolk, VA 23501-1637  
Fax: 1-888-784-1039 toll-free if dialing from the U.S. or Canada; or  
1-757-441-4993 if dialing from international locations  
1-888-784 -1039 if Code Red Fax  
If you need assistance completing this application, please call 1.800.558.0548. If outside the U.S., please call collect 1.757.441.4124.

For TTY/TDD access, please call 1.800.672.0779.



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**AGREEMENT BETWEEN  
THE DEPARTMENT OF THE INTERIOR EMPLOYEE  
AND FIA CARD SERVICES, N.A.**

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**IMPORTANT: BEFORE YOU SIGN THE INTEGRATED CARD ACCOUNT SETUP/APPLICATION FORM FOR THE DEPARTMENT OF THE INTERIOR, SIGN OR USE THE GOVERNMENT CARD, READ THIS AGREEMENT THOROUGHLY. PLEASE RETAIN THIS AGREEMENT FOR YOUR RECORDS.**

- 1. DEFINITIONS.** In this Agreement, the word "Agreement" means this document as modified by any amendment issued pursuant to Section 15. The words "we", "our" or "us" refers to FIA Card Services, N.A. The "GSA Contract" refers to the General Services Administration Contract No. GS23F-98004. The word "Program" means the card program established pursuant to the GSA contract. "Agency/Organization" means the United States federal agency, bureau, division, office or other organizational entity participating in the program that has requested/authorized us to open an account for you. The words "cardholder", "you" or "your" mean the Agency/Organization employee whose name appears on the Card. The words "Government Card", "Card" or "Cards" mean the card issued to you by us under the Program. "Account" means the account established by us in connection with the Government Card. "Cash Advance" is a cash advance obtained through use of the Account at any participating affiliated automated teller machine ("ATM") or any financial institution or other establishment authorized to process and grant you a cash advance.
- 2. ACCEPTANCE OF THE AGREEMENT.** BY SIGNING THE INTEGRATED CARD ACCOUNT SETUP/APPLICATION FORM FOR THE DEPARTMENT OF THE INTERIOR, ACTIVATING, SIGNING, OR USING THE CARD AND/OR THE ACCOUNT, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. IF

YOU DO NOT AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, CUT THE CARD IN HALF AND RETURN THE PIECES TO US.

- 3. OBTAINING CREDIT REPORTS.** You authorize us to obtain reports concerning your credit, from credit bureaus and other credit reporting agencies, consistent with your Agency/Organization's agreement with union officials (if applicable). You may prevent us from obtaining credit bureau information by (i) specifically indicating on your Individually Billed Card Account Setup/Application Form that you do not authorize us to obtain credit bureau reports concerning your credit or (ii) failing to consent to the terms of this Agreement.
- 4. PROMISE TO PAY; LIABILITY.** All individually billed amounts charged to the Account including purchases, Cash Advances and fees will be called "Charges." You promise to pay for all individually billed Charges (as reflected on your Statement of Account) made by you or anyone you allow to use the Account until paid in full. Official individually billed travel and travel-related expenses charged to the Card will be reimbursed by the Agency/Organization under the Agency's/Organization's expense reimbursement procedures applicable to you. You also agree to report your expenses promptly to the Agency/Organization in accordance with its expense reimbursement procedures. You, as the Cardholder, are responsible for making payment to us for individually billed charges. You are responsible for all Charges made with the Card even if you let someone else use the Card or voluntarily relinquish physical possession of the Card. You must retrieve the Card from that person to avoid further liability.
- 5. DISCLOSURE OF ACCOUNT INFORMATION.** In addition to routine uses under the Privacy Act, you authorize us to: (1) provide information about your Account to our service providers administering your Account under the GSA Contract; (2) disclose all necessary Account information to outside attorneys representing us in connection with any legal or administrative proceeding involving your Account or our actions under this Agreement; (3) provide all necessary Account information to our auditors in the course of any audit; (4) disclose all necessary Account information to outside attorneys, collection agencies or credit bureaus if we refer all or part of the Account for collection in accordance with the GSA Contract and your Agency/Organization's Task Order. You

understand that past due Accounts will be reported to your Agency/Organization. By signing the Integrated Card Account Setup/Application Form for the Department of the Interior, activating, signing or using the Card, you are providing your written consent to the disclosure of Account information as provided in this Section 5.

- 6. TYPE OF ACCOUNT.** You have been issued either a Restricted or Standard Account. A Restricted Account generally has a lower credit limit and is subject to greater usage restrictions. The reason(s) a Restricted Account may have been established include, but are not limited to, (1) you, as the cardholder did not provide authorization for us to acquire a credit report on your financial history, (2) the Agency/Organization program coordinator requested or approved only a Restricted Account or, (3) your credit did not meet the minimum requirements set by the Agency/Organization to qualify for the Standard Account. Only your Agency/Organization may change your account from a Standard Account to a Restricted Account or from a Restricted Account to a Standard Account.
- 7. USE OF GOVERNMENT CARD.** You agree to use the Card and Account only for official purchase, travel, fleet, and official related Charges in accordance with your Agency/Organization policy. You agree not to use the Card or Account for personal, family or household purposes. Charging privileges on the Card and Account are provided by us pursuant to the GSA Contract and the Task Order of your Agency/Organization. No other person is permitted to use the Card or Account issued to you for Charges or for any other reason.
- 8. PAYMENT.** We will send statements of all Charges to you. All payments for individually billed Charges are due by the due date specified on your statement ("Due Date"). You should notify us immediately of any change in your billing address by calling the number indicated in Section 16. Payments must be made in U.S. currency, in electronic form or with a money order payable in U.S. dollars, or with a draft or a check drawn on a bank in the U.S. and payable in U.S. dollars. If we decide to accept a payment made in some other form, payment will not be credited to your Account until your payment is converted into one of the forms just mentioned. We may accept late payments, partial payments or checks and money orders marked "payment in full" or with other restrictive endorsements without losing any rights under this Agreement or under the law.

**9. SUSPENSION AND CANCELLATION.** Suspension or cancellation does not affect the terms of this Agreement, including without limitation your obligation to pay the balance of your Account, until your obligation to us under this Agreement has been satisfied.

**A. Suspension:** We may suspend your Account and prohibit further Charges if (i) payment for any undisputed principal amount is not received within 61 calendar days from the closing date on the statement in which the unpaid Charge first appeared, or within the timeframe specified in the Agency/Organization task order, unless otherwise directed by the Agency/Organization Program Coordinator, or (ii) the Agency/Organization or GSA requests the suspension. We will reinstate your suspended account upon full payment of the amount due unless otherwise directed by the Agency/Organization.

**B. Cancellation by Cardholder:** You may cancel the Card and Account at any time by notifying us, cutting the Card in half and returning the parts to the address provided in Section 16. You must also return all unused convenience checks in your possession.

**C. Cancellation by FIA Card Services**

i) **Automatic Cancellation:** The Card and the Account will automatically be canceled upon (a) notification of termination of your employment with the Agency/Organization regardless of the reason; (b) termination or expiration of the GSA Contract and/or Agency/Organization task order; (c) request of the Agency/Organization or GSA; or (d) upon our request with the permission of the Agency/Organization. Upon cancellation, you agree to return the Card, cut in half, and all unused convenience checks, immediately, to the address provided in Section 16.

ii) **Cancellation Due to Delinquency:** We may cancel your Account if (a) the Account has been suspended two times during a 12 month period for non-payment of undisputed principal amounts and is past due again; for purpose of this section 9.C.(ii).(a), "Past Due" means payment is not received within 45 calendar days from the closing date on the Statement of Account in which the Charge first appeared; (b) the Account is 96 calendar days past due from the closing date on the Statement of Account in which the unpaid Charge first appeared, or within the timeframe specified in the Agency/Organization task order, unless otherwise

directed by the Agency/Organization Program Coordinator, or (c) the Agency/Organization or GSA requests the cancellation.

**10. ATM USAGE.** If your Agency/Organization is participating in the Government Card Services ATM Program for Government Cardholders, authorized cardholders will separately receive a Personal Identification Number ("PIN"). You may then obtain Cash Advances for official expenses at an ATM when authorized in accordance with Agency/Organization procedures.

**11. NO WAIVER OF RIGHTS.** All rights and remedies of FIA Card Services, N.A. are cumulative and may be pursued singularly, successively or together, at our option. Except as expressly provided below in this Section 11. Our failure at any time to exercise any of its rights hereunder or any other rights shall not constitute a waiver nor otherwise bar the exercise of any of these options or rights at a later date. We waive our right to suspend the Account for a particular Charge if suspension procedures are not initiated within 180 calendar days of the closing date on the Statement of Account in which the Charge first appeared. We waive our right to cancel the Account for a particular Charge if cancellation procedures are not initiated within 180 calendar days of the closing date on the Statement of Account in which the Charge first appeared.

**12. TRAVELERS CHECKS / CONVENIENCE CHECKS**

**A. Travelers Checks.** If your Agency/Organization is participating in the Government Card Services Travelers Check program for Government Cardholders, you may purchase travelers checks when authorized in accordance with Agency/Organization procedures and a Travelers Check Fee of 1.5% of the total amount of the checks purchased will apply. If your Agency/Organization has negotiated a lower Travelers Checks Fee, the lower amount will apply.

**B. Convenience Checks.** If your Agency/Organization is participating in the Government Card Services Convenience Check program for Government Cardholders, you may order convenience checks when authorized in accordance with Agency/Organization procedures. You may not make any payment on your account with a Convenience Check. Convenience Checks will not be returned to you. Although we may attempt to do so upon your request, we are in no way

liable for failure to stop payment of a convenience check. A Convenience Check fee of 1.9% of the total amount of each convenience check will apply.

**13. CHARGES.** You agree to pay the following Charges unless your Agency/Organization has negotiated a lower rate or fee, in which case, you will pay the lower amount.

- **Return Check Fee.** \$20.00 for any payment which is returned for any reason.

- **Cash Advance Fee.** 1.9% of the amount of each Cash Advance.

- **Delinquency and Collection Charges.** If we refer your Account to any attorney for collection, you will be responsible for attorney's fees, if any, not to exceed 25% of the Account balance plus all other costs of collection and court costs except where prohibited by law.

- **Late Fee.** \$20.00 for any payment not received within 120 calendar days past the closing date on the Statement of Account in which the Charge first appeared.

**14. FOREIGN TRANSACTIONS/FEE.** If you make a Transaction in currency other than U.S. dollars, MasterCard will convert the charge or credit into a U.S. dollar amount. The conversion rate on the processing date may differ from the rate on the date of your Transaction.

The exchange rate used by MasterCard will be an exchange rate of either (i) a wholesale market rate or (ii) a government-mandated rate. MasterCard will no longer add a 1% adjustment factor to or show it as part of the U.S. dollar amount. Instead MasterCard will bill us directly. Therefore, for MasterCard Transactions, we will charge a 1% amount ("International Transaction Fee"), and show it as a separate line item, only for those foreign Transactions converted into U.S. dollars. Each International Transaction Fee will be shown in the Activity section on your billing statement.

**15. CHANGE IN TERMS.** We may, with the written consent of GSA and your Agency/Organization, change the terms of this Agreement upon 30-day written notice to you. You agree that the new terms provided in any such notice may apply both to your new Transactions and to your Account balance on the date the change becomes



effective. If you do not agree to a change in terms of this agreement, then prior to the effective date of the change, you must notify us, cut the card in half and return the pieces to us.

16. **LOST OR STOLEN CARD/REPLACEMENT.** If your Card or convenience checks are lost or stolen, or if you think another person may have used your Account without your permission, you must notify us immediately by calling the number listed below.

Telephone Numbers:

Worldwide Customer Service call 1.800.472.1424

For Hearing Impaired access call 1.800.672.0779

You may confirm your notification by writing to Bank of America Government Card Services

Customer Protection Unit

P.O. Box 2463 Spokane, Washington 99210-2463

If there is any unauthorized use of your Card or Account you agree to cooperate with us during our investigation, which will include your completion of a Cardholder Statement of Disputed Item. Should you need a replacement card, please call the same telephone number listed in this Section 16 for lost or stolen Cards.

17. **LIMITATION OF DAMAGES.** In no event shall we be liable to you for any consequential, special, indirect or punitive damages of any nature.
18. **COLLECTION/TELEPHONE MONITORING.** You agree that if you do not pay your Account, we or our collection agent may call you regarding the collection of your Account. You understand that the calls could be automatically dialed and a recorded message may be played. You agree such calls will not be "unsolicited" calls for purposes of local, state or federal law. You agree that we may monitor telephone calls between you and us to ensure the quality of the customer service we provide.
19. **CHANGES TO NAME, ADDRESS OR EMPLOYMENT.** You understand that we will send Statements of Account, replacement or renewal Cards, or other notices to the address shown in our records. You will promptly notify us of any change in your name, address or employment.
20. **NONTRANSFERABLE.** Each Card is nontransferable.

21. **SEVERABILITY.** The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision of this Agreement

22. **SUCCESSORS AND ASSIGNS.** You agree that we may at any time assign or transfer to another person your Account, your Account balance, or this Agreement. The persons to whom we transfer or assign your Account, your Account balance, or this Agreement will have all of the same rights under this Agreement. You will not assign or transfer any of your rights or duties under this Agreement, and this Agreement is binding on your successors, heirs and legal representatives and upon anyone to whom you assign your assets or who succeeds to them.

23. **GOVERNING LAW:** This Agreement and your Account are subject to the GSA Contract and shall be governed by Delaware law and the laws of the United States. This Agreement is entered into in Delaware and all credit will be extended by us from Delaware.

purposes of recording travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the GSA travel card contract which provides travelers with charge cards for official travel and related expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information and other account information in the system of records entitled "Travel Charge Card Program GSA/GOVT-3" are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigations; (2) pursuant to a request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, clarifying a job, letter or contract or issuing a license, grant, or other benefit; (3) to a Member of Congress or to a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained; (4) to officials of labor organizations when necessary to their duties of exclusive representation; (5) to a Federal agency for accumulating reporting data and monitoring the system; (6) GSA contract travel agents assigned to agencies for billing of travel expenses; (7) listing, reports, and records to GSA by the contractor to conduct audits of carrier charges to the Government; and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3," as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a charge card will not be issued to the employee/member.

#### PRIVACY ACT NOTICE:

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States Code, for the

### **Payment by Phone Authorization**

When I use the Payment by Phone option, I hereby authorize FIA Card Services, N.A. (the Bank) to initiate electronic payments from my designated account at the financial institution I indicate for the purpose of making any payment on my Government charge card account (Account). I understand I must authorize the timing and amount of each payment transaction by providing authentication information requested by the Bank.

#### **I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

- 1) **Processing Fee** - Each Payment by Phone transaction may be subject to a fee not to exceed \$10.00. The fee will be added to the amount of the payment.
- 2) **Effective Date of Payment** - Payment will occur on the date I initiate the request, if requested prior to 6:00 PM ET. If the request is initiated after 6 PM ET, the effective date will be the following business day.
- 3) **Dishonored Request for Payment** - If a payment is dishonored for any reason, including insufficient funds, both the Bank, in accordance with my Account agreement, and my financial institution may assess a fee. If a payment is dishonored by my financial institution for "insufficient funds", the Bank will attempt to initiate the electronic payment one more time before deeming the payment unpaid. I understand that if a payment is dishonored, my Account will be considered due for that payment, and other payment arrangements will need to be made.
- 4) **In Case of Error** - If my Account statement indicates an incorrect payment or amount or I need more information about a payment transaction, I will write or call the Bank at the number or address provided on my statement of Account for billing errors. The Bank must hear from me no later than 60 days after I have received the first statement on which the payment appeared. For more information, I can read the back of my Account statement.
- 5) **Revocation of a Payment**- After I initiate a Payment by Phone transaction, I have until 4:00 PM ET the day of the scheduled payment to cancel or revoke that payment.
- 6) **Governing Law** - This Authorization shall be governed by and interpreted in accordance with the laws of the State of Delaware.
- 7) **Authentication Information** - I acknowledge the Bank may require additional information from me for authorization and authentication of a Payment by Phone transaction. Any information I provide for authorization and authentication will be kept confidential by the Bank.
- 8) **Authorization and Security Procedure** - A Payment by Phone transaction will not occur unless I initiate the payment through the Bank's automated response unit or speak with the Bank's customer service representative. I agree that the security procedures followed by the Bank to authenticate my consent to a Payment by Phone transaction, although not in writing, are reasonable and I agree to be bound by them as if I had signed this Authorization in writing. I understand that this Authorization is a separate agreement from, and does not change, the agreement governing my Account.
- 9) **Modification of this Authorization** - The Bank may modify this Authorization by changing, adding or deleting any term, condition, service or feature ("New Term") at any time. The Bank will provide me with notice of the modification to the extent required by law. I agree to the "New Term" by conducting a Payment by Phone transaction after the Bank provides me notice of the modification.

**PLEASE RETAIN FOR YOUR RECORDS**