

**UMB BANK - CARD CENTER
VISA PURCHASING CARDHOLDER ACCOUNT ACTION REQUEST**

STATE OF WYOMING ACTION REQUEST FORM

<input type="checkbox"/> New Account <input type="checkbox"/> Report Lost/Stolen Card (complete section below) <input type="checkbox"/> Reissue Replacement Card <input type="checkbox"/> Request Lost/Stolen Replacement <input type="checkbox"/> Change Reporting Level <input type="checkbox"/> Change Account Address <input type="checkbox"/> Change Control Account <input type="checkbox"/> Change Authorization Strategy <input type="checkbox"/> Close Account <p align="center">Account Cycle Controls</p> <input type="checkbox"/> Total Cycle Dollar Limit \$ _____ <input type="checkbox"/> Max # Daily Transaction # _____ <input type="checkbox"/> Max \$ per Transaction \$ _____	<input type="checkbox"/> Update Account Information <input type="checkbox"/> Emergency Card Replacement <input type="checkbox"/> Authorization Override <input type="checkbox"/> Rush Card Request <input type="checkbox"/> Statement Copy <input type="checkbox"/> Sales Draft Copy <input type="checkbox"/> Other _____ _____ _____ _____ _____ _____
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Account Number	
Cardholder Name and Signature	
Department	
Social Security Number	
Position	
Statement Address	
City / State / Zip	
Telephone Number	
Authorization Strategy #	
Lost/Stolen Card Reporting	Date Lost/Stolen _____ Date APCC notified _____ Date UMB notified and by whom _____ Location where lost/stolen _____
Special Instructions	

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Date of Request

APCC Approval

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Date Authorized

State Program Administrator Signature

Requests can be faxed to 816/843-2485. All faxed requests must be followed up in original form to Corporate Bankcard Services, UMB Bank Card Center, PO Box 419734, Kansas City, MO 64141