

BANK OF AMERICA TRAVEL CARD SETUP FORM

Reporting Hierarchy _____, _____, _____
Department Division/Office Unit Name

CARDHOLDER INFORMATION

Cardholder Last Name Middle Initial First Name

Business Address City State NJ Zip Code

Email Address

Business Phone Number Business Fax Number

AUTHORIZATION PARAMETERS

Cycle Limit \$: _____

Dollars per Transaction Limit \$: _____

Number of Transactions per Day: _____

CARDHOLDER SIGNATURE

I understand that the Card is to be used for official business travel only. I understand that it is my responsibility to notify Bank of America at 800-822-5985 immediately if my card is lost or stolen.

Cardholder Signature Date

Approving Agency Travel Administrator's Signature Date

Approving Agency Travel Administrator's Name(Printed) Date