

## How to Reopen a Closed Government Credit Card

The Department of Defense Government Travel Charge Card Program is offered through Bank of America. The VISA charge card is issued to eligible travelers, i.e., travelers who take three or more trips in one calendar year, in accordance with DOD FMR, Volume 9, Chapter 3. And, unless otherwise exempted, all Corps travelers are required to use the Government-sponsored, contactor-issued travel charge card for all "official" travel and travel-related expenses incurred while away from your official duty station.

### **You must be a permanent employee to apply for a Government travel card.**

Prior to being issued a card, the employee will be required to:

1. Successfully complete the GSA on line Government Travel Charge Card training entitled "Charting the Course" found at <http://fss.gsa.gov/webtraining/trainingdocs/traveltraining/index.cfm>
- 2.
3. Complete Bank of America Individually Billed Card Account Application

Form For New Accounts Please be aware that cardholders who fill out an application for a IBA cardholder account with Bank of America must INITIAL the block for a credit check. Do not - repeat do not - check the block as this is not recognized as an authorization for a credit check. We have had numerous instances of people ending up with restricted cards because they checked the block rather than initialing.

4. Complete the Statement of Understanding.

**Mail or fax 817-886-6428** the application, the original online course completion certificate and the signed and completed statement of Understanding to:

U. S. ARMY CORPS OF ENGINEERS  
FORT WORTH DISTRICT  
ATTN JIM SHAUGHNESSY  
CESWF-RM-F ROOM 3A37 P O BOX 17300  
FORT WORTH TX 76102-0300

POC for this message is Jim Shaughnessy, (817) 886-1421.

Sign up for Direct Deposit/Electronic Funds Transfer on Form: UFC-DISB-4 available from the US ACE Finance Center's website at, [www.fc.usace.army.mil](http://www.fc.usace.army.mil) prior to filing traveler's first travel reimbursement request; and, **as of 5/1/04 split disbursement is mandatory.**

Effect "Split Disbursement" when filing for travel reimbursement by identifying an amount equal to the outstanding charges whereby Bank of America will receive an EFT payment to apply to the traveler's charge card account at the same time the traveler's bank receives an EFT from the Finance Center for any remaining amount of his/her travel entitlement.

**Individually Billed Card Account Application Form  
For New Accounts and to Re-Open Closed Accounts  
(Department of Defense Travel Card Program)**

Bank of America

Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations.

<b>New Account Application</b> <input type="checkbox"/> <b>Re-Open a Closed Account</b> <input type="checkbox"/> (Indicate below if a replacement card is required)											
<b>PART 1 TO BE COMPLETED BY EMPLOYEE</b> (Optional fields are Italicized and noted by an asterisk)      PLEASE PRINT OR TYPE ALL INFORMATION											
Cardholder name as it should appear on the card (First Name, Middle Name or initial and Last Name): Maximum 19 characters											
Account Number: If this is a request to re-open a closed account, indicate the account number and if a replacement card is required.											
4	4	8	6	-	1	2					
<b>Check Box if you need a new plastic replacement card mailed to you:</b> <input type="checkbox"/>											
SSN / Tax ID Number:						Date of Birth (MMIDD/YYYY):					
Employment Status:		Active <input checked="" type="checkbox"/>	Reserve <input type="checkbox"/>	Guard <input type="checkbox"/>	Civilian <input type="checkbox"/>	Rank/Pay Grade:					
Commercial Office Phone: (      ) -				Home Phone: (      ) -				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 / Postal Code:			Country:			Zip / Postal Code:			Country:		
Card Delivery: If a new card is required, it will arrive approximately 10 to 14 business days after Bank of America receives the application. Expedited card delivery is available; however, the applicant will be charged \$20. Check here if you are requesting expedited card delivery. <input type="checkbox"/>											
<b>Signature and Agreement: After reading the attached Agreement between Department of Defense Employee and Bank of America, N.A. (USA) ("Agreement"):</b> 1. Initial either A or B below; 2. Sign; 3. Obtain your supervisor's approval; and 4. Forward the completed form to your A/OPC. By signing below, I acknowledge that I have read, understand and agree to be bound by the terms and conditions of the agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct. Additionally.											
<b>A) I authorize Bank of America to obtain a credit report as described in the agreement</b>											
<b>B) I do not authorize Bank of America to obtain a credit report and therefore I will not be eligible for a standard account.</b>											
This application is for a Government Travel Card Account, which may be standard or restricted, as described in the attached Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is requesting additional information to verify your identity											
Applicant's Signature:						Date:					
Supervisor's Signature:						Date:					
<b>Part 2 TO BE COMPLETED BY (A/OPC) AGENCY/ORGANIZATION PROGRAM COORDINATOR</b> (Optional fields are italicized and noted by an asterisk)											
Central Account No. 4 4 8 6 - 1 2											
Account Hierarchy: Specify the complete Hierarchy Level (HL) number that pertains to your						For example: 0000001 2000005 3012345					
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8				
0000001											
<b>Organization/Unit Name:</b>											
Account type*: (Check one. If the applicant initialed B in the above Signature and Agreement section, then only a restricted card may be issued. For a restricted card, if no activation/deactivation dates are provided below, the card will be issued in a deactivation status and can only be activated by the A/OPC.)											
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Restricted - If Restricted, Date to Activate: Month _ Day _ Year      Date to Deactivate: Month _ Day _ Year											
Card Design Type*: <i>Standard</i> <i>Quasi-Generic</i> <i>Cash Access</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Authorize to Receive Traveler's Checks</i> <input type="checkbox"/> YES <input type="checkbox"/> NO											
By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. PLEASE RETAIN A COPY FOR YOUR RECORDS. Return copy to: Bank of America, Attn: GCSU, P.O. Box 52304, Phoenix, AZ, 85072-9419, Facsimile: 1.877.217.1033 or 1.888.698.5631											
NOPC:						Date:					
Name & Title/Rank (Please Print)						Signature					
Address Line 1:						Email Address:					
Address Line 2:						Commercial Telephone:					
City or APO/FPO:				State:							
Zip / Postal Code:			Country:								

**STATEMENT OF UNDERSTANDING  
GOVERNMENT TRAVEL CHARGE CARD PROGRAM**

I certify that I have read the DOD government travel card policy and procedures contained in the Card Contractor's application. I understand that the travel card program is designed not only to improve management, efficiency and control of government travel but also to provide me with 100% up-front funding for official travel. Use of travel card is mandatory if I travel more than twice per year. I am authorized to use the card **ONLY** for those necessary and reasonable expenses incurred by me for **official** travel. I will abide by the instructions issued by the DOD, the Army's Program Manager and my Agency Program Coordinator (APC) for use of the Government travel charge card issued to me for the explicit purpose of conducting official Government business.

The above limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed the cash limits established on the card. If my account is not delinquent and my travel orders authorize a larger advance, I can request a temporary increase through my APC. I will endeavor to charge expenses to the account wherever feasible rather than use cash withdrawals.

I understand the Department's policy requires mandatory use of split disbursements for all outstanding charges on the travel card.

I understand that the issuance of this charge card to me is an extension of the employee/employer relationship and that I am being specifically directed to:

***(Card applicants must initial on line opposite each provision below.)*** - Abide by all rules and regulations with respect to the travel charge card.

- Use the travel charge card only for my official travel.
- Pay all undisputed charges upon receipt of monthly billing statement.
- Promptly file my travel vouchers (within 5 days after completion of travel, or, biweekly if TDY over 30 days) and must use split disbursement.
- Notify my APC of any problems with respect to my usage of the travel charge card and promptly respond to communications from my APC.
- Notify the card contractor and my APC if my travel charge card is lost, stolen, or compromised.
- Initial travel card training was completed on \_\_\_\_\_ and I will provide documentation of the required biennial refresher training to my APC.

I understand that failure on my part to abide by these rules or misuse the card will result in disciplinary actions being taken against me. Consequences of delinquencies in my account include notification of credit bureaus by the travel card contractor. I also acknowledge the right of the travel card contractor and/or my APC to revoke or suspend my travel card privileges if I fail to abide by the terms of this agreement or the cardholder agreement with the travel card contractor.

\_\_\_\_\_  
(Applicant's Signature and Date)

\_\_\_\_\_  
(Supervisor's Signature and Date)

\_\_\_\_\_  
(Applicant's Printed Name/Phone Number  
Number)

\_\_\_\_\_  
(Supervisor's Printed Name/Phone  
Number)

\_\_\_\_\_  
(Applicant's Series/Grade/Title)

\_\_\_\_\_  
(Supervisor's Series/Grade/Title)