

# I.M.P.A.C.® APPROVING OFFICIAL ACCOUNT SET-UP

File Code 001

**NOTE: ALL BOXED IN AREAS MUST BE COMPLETED IN ORDER TO PROCESS.**

LEVEL 1 NUMBER	_____	Office Name	_____
LEVEL 2 NUMBER	_____	Office Name	_____
LEVEL 3 NUMBER	_____	Office Name	_____
LEVEL 4 NUMBER	_____	Office Name	_____

## SET-UP INFORMATION

DEPT/AGENCY/  
OFFICE NAME \_\_\_\_\_ (Line 1; Max 22)

AO NAME \_\_\_\_\_ (Line 2; Max 22)  
(first name, middle initial, last name)

ADDRESS ONE \_\_\_\_\_ (Line 3; Max 20)

ADDRESS TWO \_\_\_\_\_ (Optional: Mailstop, Room, or Ste. No.; Max 10)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ (Line 4)

ZIP \_\_\_\_\_ (Line 5)

TELEPHONE NUMBER \_\_\_\_\_

OFFICE LIMIT \$ \_\_\_\_\_ (Up to \$999,900 in \$100 increments)

## OTHER ACCOUNT INFORMATION (Optional)

EFFECTIVE DATE \_\_\_\_\_ (Complete only if you do not want account set-up now)

### I.M.P.A.C. Card Services Use Only:

REC'D DATE \_\_\_\_\_

INPUT/VERIFY DATE \_\_\_\_\_

REJECT REASON \_\_\_\_\_

CALLED/RETURNED/COMMENTS \_\_\_\_\_

FORM INCOMPLETE

NEED AUTHORIZED SIGNATURE

### INPUT SUBMITTED BY: Agency Program Coordinator

Authorized  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_

**SEND REQUEST TO: I.M.P.A.C. CARD SERVICES**  
P.O. Box 6346, Fargo, ND 58125-6346 1-800/227-6736  
**FAX REQUEST TO: (701) 461-3466**

### I.M.P.A.C. Card Services Use Only

ASSIGNED ACCOUNT NUMBER \_\_\_\_\_

BATCH # \_\_\_\_\_

AOSET-R0896

# I.M.P.A.C.® APPROVING OFFICIAL ACCOUNT UPDATE

CHANGE  
FILE CODE 013

CANCEL  
FILE CODE 098

**NOTE: ALL BOXED IN AREAS MUST BE COMPLETED IN ORDER TO PROCESS.**

APPROVING OFFICIAL NAME \_\_\_\_\_  
(Name as it appears on bank card file)

ACCOUNT NUMBER \_\_\_\_\_ (Max 16)

**FILL IN ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED.**

OFFICE NAME \_\_\_\_\_ (Max 22)

APPROV OFFICIAL NAME \_\_\_\_\_ (Max 22)

ADDRESS ONE \_\_\_\_\_ (Max 20)

ADDRESS TWO \_\_\_\_\_ (Optional: Mailstop, Room, or Ste. No.; Max 10)

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

OFFICE LIMIT \_\_\_\_\_ (\$100 increments)

**I.M.P.A.C. Card Services Use Only:**

REC'D DATE \_\_\_\_\_

INPUT/VERIFY DATE \_\_\_\_\_

REJECT REASON \_\_\_\_\_

FORM INCOMPLETE

NEED AUTHORIZED SIGNATURE

**INPUT SUBMITTED BY: Agency Program Coordinator**

Authorized  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_

**SEND REQUEST TO: I.M.P.A.C. CARD SERVICES**  
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**FAX REQUEST TO: (701) 461-3466**

# I.M.P.A.C.® CARDHOLDER ACCOUNT SET-UP

File Code 001

**NOTE: ALL BOXED IN AREAS MUST BE COMPLETED IN ORDER TO PROCESS.**

LEVEL 1 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_  
LEVEL 2 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_  
LEVEL 3 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_  
LEVEL 4 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_

EFFECTIVE DATE OF SETUP \_\_\_\_\_ (Complete ONLY if you do not want card issued within 5 days upon receipt of form)

### SET-UP INFORMATION

APPROVING OFFICIAL ACCT # \_\_\_\_\_ (Fill in acct #, leave blank if AO set-up is sent with this CH set-up, Max 16)

AO NAME \_\_\_\_\_

DEPT/AGENCY/OFFICE NAME \_\_\_\_\_ (Max 22)

CARDHOLDER NAME \_\_\_\_\_ (Max 22)  
(first name, middle initial, last name - to be embossed on card; no titles)

ADDRESS ONE \_\_\_\_\_ (Max 20)

ADDRESS TWO \_\_\_\_\_ (Optional: Mailstop, Room, or Ste. No.; Max 10)

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

### SPENDING LIMITS/ACTIVITY CODE

30-DAY LIMIT \$ \_\_\_\_\_ (Up to \$999,900 in \$100 increments)

SINGLE PURCHASE LIMIT \$ \_\_\_\_\_ (Up to \$100,000 in \$50 increments)

MERCHANT ACTIVITY TYPE \_\_\_\_\_ (3-digit code)

### OTHER ACCOUNT INFORMATION (OPTIONAL)

USER FIELD 1 \_\_\_\_\_ (Max 12)  
(Shows on acct info report ONLY - G077)

EMBOSSSED DESTINATION \_\_\_\_\_ (Max 2)  
(Select Destination: P=Program Coordinator, B=Billing Office, D=Dispute Office AND Level: 2=Level 2, 3=Level 3, 4=Level 4)

CARD SUPPRESSION YES NO

USER FIELD 2 \_\_\_\_\_  
(First eight digits shown on card; Max 15)

AGENCY TAX EXEMPT # \_\_\_\_\_ (Max 20)

MASTER ACCOUNTING CODE \_\_\_\_\_  
(Max 50)

#### I.M.P.A.C. Card Services Use Only:

REC'D DATE \_\_\_\_\_

INPUT/VERIFY DATE \_\_\_\_\_

REJECT REASON \_\_\_\_\_

NEED A.O. ACCT # OR A.O. SET UP

NEED AUTHORIZED SIGNATURE

MISSING INFORMATION

#### INPUT SUBMITTED BY: Agency Program Coordinator

Authorized Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

SEND REQUEST TO: I.M.P.A.C. CARD SERVICES  
P.O. Box 6346, Fargo, ND 58125-6346 1-800/227-6736  
FAX REQUEST TO: (701) 461-3466

#### I.M.P.A.C. Card Services Use Only

ASSIGNED ACCOUNT NUMBER \_\_\_\_\_ BATCH # \_\_\_\_\_ CHSET-R0896

ATTACHMENT

**USE OF CREDIT CARDS FOR SMALL PURCHASES**

**APPROVING OFFICIAL CERTIFICATION**

As designated Approving Official under the subject Order, I certify that I understand my individual responsibilities in adhering to and complying with applicable procurement regulations and financial requirements.

\_\_\_\_\_

\_\_\_\_\_

Date

**CARDHOLDER CERTIFICATION**

As designated Cardholder under the subject Order, I certify that I understand my individual responsibilities in adhering to and complying with applicable procurement regulations and financial requirements.

\_\_\_\_\_

\_\_\_\_\_

Date

# I.M.P.A.C.® CARDHOLDER ACCOUNT UPDATE

CHANGE

CANCELLATION  
CHECK BOTH BOXES  
IF APPLICABLE

CARD DESTRUCT  
(DESTROY CARD)  
DO NOT RETURN CARD TO  
I.M.P.A.C. CARD SERVICES

I.M.P.A.C. Card  
Services Use Only:

- FILE CODE 013  
 FILE CODE 038  
 FILE CODE 098

**NOTE: ALL BOXED IN AREAS MUST BE COMPLETED IN ORDER TO PROCESS.**

CARDHOLDER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_ (Name as it appears on the bank card file) (Max 16)

**FILL IN ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED.**

CARDHOLDER NAME \_\_\_\_\_ (Line 1; Max 22)  
DEPT/AGENCY/OFFC NAME \_\_\_\_\_ (first name, middle initial, last name) (Line 2; Max 22)  
ADDRESS ONE \_\_\_\_\_ (Line 3; Max 20)  
ADDRESS TWO \_\_\_\_\_ (Optional: Mailstop, Room, or Ste. No.; Max 10)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_  
MERCHANT ACTIVITY TYPE \_\_\_\_\_ (3-digit code)  
SINGLE PURCHASE LIMIT \$ \_\_\_\_\_ (\$50 increments)  
30-DAY LIMIT \$ \_\_\_\_\_ (\$100 increments)  
REISSUE CARD YES (circle if requested)  
USER FIELD 1 \_\_\_\_\_ (Max 12)  
USER FIELD 2 \_\_\_\_\_ (Max 15; 1st 8 characters show on card)  
MASTER ACCOUNTING CODE \_\_\_\_\_ (Max 50)  
AGENCY TAX EXEMPT # \_\_\_\_\_ (Max 20)  
COMPLETE THE FOLLOWING FOR CARDHOLDER TO APPROVING OFFICIAL TRANSFER ONLY:  
APPROVING OFFICIAL NUMBER \_\_\_\_\_ (Max 16) CYCLE DATE \_\_\_\_\_

I.M.P.A.C. Card Services Use Only:

REC'D DATE \_\_\_\_\_  
INPUT/VERIFY DATE \_\_\_\_\_  
REJECT REASON \_\_\_\_\_  
 NEED AO ACCT # OR AO SETUP  
 NEED AUTHORIZED SIGNATURE  
 MISSING INFORMATION

INPUT SUBMITTED BY: Agency Program Coordinator

Authorized  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_

SEND REQUEST TO: I.M.P.A.C. CARD SERVICES  
P.O. Box 6346, Fargo, ND 58125-6346 1-800/227-6736  
FAX REQUEST TO: (701) 461-3466

CHMNT-R0896

**ROCKY MOUNTAIN BANKCARD SYSTEM®**  
**I.M.P.A.C.® PROGRAM**  
**CARDHOLDER STATEMENT OF QUESTIONED ITEM**  
(Please print or type in black ink.)

CARDHOLDER NAME (please print or type)

ACCOUNT NUMBER

CARDHOLDER SIGNATURE

DATE

(AREA CODE) TELEPHONE NUMBER

The transaction in question as shown on Statement of Account:

Transaction Date	Reference Number	Merchant	Amount	Statement Date

Please read carefully each of the following situations and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 800/227-6736. We will be more than happy to advise you in this matter.

1. **UNAUTHORIZED MAIL OR PHONE ORDER**

I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

2. **DUPLICATE PROCESSING - THE DATE OF THE FIRST TRANSACTION WAS \_\_\_\_\_.**

The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.

3. **MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ \_\_\_\_\_.**

My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. **(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)**

My account has been charged for the above listed transaction. I have contacted this merchant on \_\_\_\_\_ (date) and canceled the order. **I will refuse delivery should the merchandise still be received.**

4. **MERCHANDISE RETURNED IN THE AMOUNT OF \$ \_\_\_\_\_.**

My account has been charged for the above listed transaction, but the merchandise has since been returned  
**\*Enclosed is a copy of my postal or UPS receipt.\***

5. **CREDIT NOT RECEIVED**

I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. **A copy of the credit voucher is enclosed.** (Please provide a copy of this voucher with this correspondence.)

6. **ALTERATION OF AMOUNT**

The amount of this charge has been altered since the time of purchase. **Enclosed is a copy of my sales draft showing the amount for which I signed.** The difference of amount is \$ \_\_\_\_\_.

7. **INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE**

I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear in my account.

8. **COPY REQUEST**

I recognize this charge, but need a copy of the sales draft for my records.

9. **SERVICES NOT RECEIVED**

I have been billed for this transaction, however, the merchant was unable to provide the services.

Paid for by another means. My card number was used to secure this purchase, however final payment was made by check, cash, or another credit card. **(Enclosed is my receipt, canceled check (front & back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.)**

10. **NOT AS DESCRIBED**

(Cardholder must specify what goods, services, or other things of value were received.) The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint.) \_\_\_\_\_

11. **If none of the above reasons apply - please describe the situation:**

**(Note: Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement.)**

MAIL TO: I.M.P.A.C. Card Services, P.O. Box 6346, Fargo, ND 58125-6346

FAX TO: (701) 461-3466