



Organization Name _____
 Date _____

PURCHASE CARD SETUP FORM

Payment Account Information

Instructions: Please provide the name of the Bank, account number, and routing number to be used for monthly billing purposes.

Depository Bank Name _____

Account Number _____ Routing Number _____

Card Program Administrators

Instructions: Please provide the required information below. The Administrator(s) is responsible for managing the Organization's P-Card program, which includes adding/deleting cardholders, ordering new cards, adjusting specific cardholder limits, etc. For managing the program, Administrator(s) will have access to the Card Management System (CMS) as part of services offered. (Note: PIN used/required when contacting Regions Client Services via telephone.)

Purchase Card Administrator (1)

Purchase Card Administrator (2) - *Optional*

Name _____

Last 4 SSN (PIN) _____

Phone Number _____

Email Address _____

Name _____

Last 4 SSN (PIN) _____

Phone Number _____

Email Address _____

Card Design

Instructions: Please indicate if the Organization's name is to be embossed on the Card. If yes, please provide the name to be embossed, which will appear on the face of the card. (Note: A maximum of 25 characters is allowed.)

Name of Organization Embossed on Card _____

Name Embossed on Card (Max 25 Characters) _____

Cardholder Information

Instructions: Please provide the name of each Cardholder (up to 10 for initial setup), last 4 SSN (PIN), card specific limits, if card will be used internationally, and if Cardholder will have access to Card Management System (CMS). Please note:

- CMS used for managing Card Program (typically limited to Purchase Card Administrators).
- PIN used/required when contacting Regions Client Services via telephone.
- Individual card limits cannot exceed Bank approved credit limit. Also, aggregate card spend cannot exceed Bank approved credit limit.

Cardholder 1 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____	Cardholder 2 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____
Cardholder 3 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____	Cardholder 4 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____
Cardholder 5 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____	Cardholder 6 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____
Cardholder 7 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____	Cardholder 8 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____
Cardholder 9 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____	Cardholder 10 Name _____ Last 4 SSN (PIN) _____ Monthly Credit Limit (\$) _____ Single Trans Limit (\$) _____ Daily Trans Limit (\$) _____ International Use _____ CMS Access _____