BMO MasterCard Acquisition Card - Employee Account Request Form

SECTION A — ORGANIZATION AND EMPLOYEE INFORMATION (MANDATORY) Complete this section to set-up Employee Card Account information						
Department Name (th		Card Type (Check One)				
		O Acquisition Card PST exempt				
		O Acquisition Card Non-PST exempt				
				O Vessel Card		
				O Special Card O Sardless Assessmt (Cheet Card)		
O Cardless Account (Ghost Card) EMPLOYEE INFORMATION - ONE FORM PER EMPLOYEE (PLEASE PRINT)						
Given Name, Initial, Surname (Maximum 21 characters including s				0122 (1227021	Account Limit	
					\$	
Statement Mailing Address (must be corporate address) Language () English () French						
C/O Street						
City Province Postal Code						
Department Name/Fund Centre Number						
Name of Next Higher Reporting Level						
Security Password For Card Activation (Maximum 20 characters)						
SECTION B - EMPLOYEE ACCOUNT AUTHORIZATION CONTROLS (OPTIONAL) Complete Only If Employee Account Authorization Controls Differ From Organization Authorization Controls						
Merchant Category Code Blocking Daily Transaction Limits						
(set to \$0 to block use)						
Merchant Category	Category Per transaction limit			Daily maximum number of retail sales		
Airlines	\$		_	Daily maximum dolla	ar value of retail	sales \$
Car Rental	\$		_			
Hotel	\$		_			
Restaurants	\$		_			
Fuel	\$		_			
Maintenance	\$		_			
	\$		_			
All other merchants	\$		_			
COUNTRY CODE BLOCKING						
Country Name	Allow Use	Prohibit Use		All Other Countries	Allow Use	Prohibit Use
Canada	0	0			0	0
U.S.	0	0			0	0
					0	0
AUTHORIZATION						
AUTHORIZATION Cardholder Name Signature Date						
Caranolaer Hame	Oignatur	•		Date		
Fund Centre Manager (FC) Name			Signature	e		Date
Departmental Regional Coordinator's Name			Signature		Date	

Please fax the completed and signed form to BMO at 1-877-677-5042

