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 (t	•		Card Type (Check One)			
			O Acquisition Card PST exempt			
				O Acquisition Card Non-PST exempt		
				O Special Card O Cardless Assount (Chest Card)		
O Cardless Account (Ghost Card)						
EMPLOYEE INFORMATION - ONE FORM PER EMPLOYEE (PLEASE PRINT)						
Given Name, Initial, S	Surname (Maximur	ig spaces)	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 (set to \$0 to block use)				Daily Transaction Limits		
Merchant Category	Category Per transaction limit			Daily maximum number of retail sales		
Airlines	\$		_	Daily maximum dollar 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
AUTHORITATION						
AUTHORIZATION Cardholder Name		Δ		Date		
Outdivoter Name			Signature			Dale
Fund Centre Manager (FC) Name			Signatur	е		Date
Departmental Regional Coordinator's Name			Signature			Date

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

