

**Citibank® Commercial Cards**

**Add/Change Authorized to Inquire (ATI)**

Please add the following person as an individual authorized to make inquiries regarding the cardholder’s account number listed

below. This individual will be authorized to obtain the following information:

* Cardholder account information
* Ability to request a statement copy(ies) to be mailed or faxed
* Ability to place a charge in dispute

This individual will not be allowed to make any changes to the cardholder’s account or to obtain any company account information.

**Note to the cardholder:** If the ATI individual requests account information to be mailed, it will go to the cardholder’s billing address.

Company Name:

Cardholder Name:

Cardholder Title:

**Individual Account Number:**

Please circle one: ADD / CHANGE / DELETE

**Please print the name and the mother’s maiden name or password of the person authorized to inquire:**

**Name:**

**Mother’s Maiden Name or Password:**

**\*Fax Number:**

**\*If no fax number is provided, the individual being added cannot have information faxed to him/her.**

*I understand that all fields on this form are required (with the exception of the fax #) and failing to complete all fields* *will delay this request.*

*I also certify that the assigned individual is my spouse or an employee of the company, and acknowledge that by assigning this individual to my account I am providing him/her authorization for inquiry purposes only.*

**Authorized to Inquire Signature:**  **Date:**

**Cardholder Signature:**  **Date:**

**Program Administrator Name:**

**Program Administrator Signature:**  **Date:**

**Because sensitive information may be contained on this document,**

**this form should be treated as confidential once it is completed.**

**Fax completed form to:** Citibank® Commercial Cards **or Mail completed form to:** Citibank® Commercial Cards

# 605-357-2092 701 E 60th St North MC 3270

## Sioux Falls, SD 57117

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