

Return Copy to: Bank of

America

Government Card Services

Unit P.O. Box 1637

Norfolk, VA 23501-1637 Facsimile: 757.624.6323

Toll Free Fax: 877.217.1033

## Point of Contact Information

Use this form to update point of contact information and/or establish EAGLS access for Agency/Organization Program Coordinators (A/OPCs), Transaction Dispute Offices (TDOs), Designated Billing Offices (DBOs) / Payment Offices, and EC/EDI coordinators. To delete EAGLS access, please use the EAGLS Access Application Form. Questions? Call GCSU toll-free (1.800.472.1424) from the US and Canada or, if dialing from international locations, call collect (1.757.441.4124).

Α	dd	Modi				Delete		
Hierarchy Level:	Please list unit s).	name and the seven	າ (7) digit num 	ber associ	ated with ea	ch level of t	he organizati	on's
Hierarchical Unit Na	ame HL	.1 HL2	HL3	HL4	HL5	HL6	HL7	HL8
Responsibility:								
A/OPC *	TDO			DBO/P	Payment Office		EC/EDI	
*If A/OPC, check one:  Primary Alt	ernate							
Central Account Number:								
Agency/Organization Name:								
Contact Name:								
Mailing Address:				nington				
				e/Provin	<b>c</b> DC			
			Zip/ Code	Postal e:	2000	1		

Form: S06A0399 Revised: 05/17/99



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Country: USA		
Business Telephone:	(Include Area or Country Code)	Facsimil (Include Area or Country Code) e:
E-mail Address:		
Add as EAGLS User?	Yes	No
Authorized Official:		Business Telephone:
	Name (Please print)	(Commercial Access Number Required; Include Area or Country Code)
Authorized Official:		_
	Title (Please print)	 Date:
Authorized Official:		
	Signature	

Form: S06A0399 Revised: 05/17/99

## **Instructions for Point of Contact Information Form**

Purpose	Use this form to establish primary contacts for your Agency or to update primary contact information for the following: A/OPC, TDO, DBO / Payment Office, and EC/EDI.
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## Instructions Print or type all information and return or fax to the address or number listed below: Bank of America Attn: GCSU P. O. Box 1637 Norfolk, VA 23501-1637 Fax: 757.624.6323 Toll Free Fax: 877.217.1033

## Field Descriptions of form elements

**Hierarchy Level** – Enter hierarchy levels to which the Point Of Contact (POC) will be associated. **Hierarchical Unit Name** – Enter name of hierarchy unit to which the Point Of Contact (POC) will be associated.

**HL Number (HL1 – HL8) – Hierarchy Level Number** - Enter 7-digit hierarchy level number assigned to each unit of the organization.

**Responsibility** – Check position or capacity the POC will have.

**A/OPC** – (Agency/Organization Program Coordinator) - Handles day to day operations of the GSA Smart Pay program for the agency/organization.

**TDO** – (Transaction Dispute Office) - Handles tracking or reconciling transaction disputes.

**DBO** (Designated Billing Office) / **Payment Office** — Reconciles account billing. Identifies an agency's payment office/central office or headquarters.

**EC/EDI** – (Electronic Commerce/Electronic Data Interchange contact) - Supports electronic commerce.

**If A/OPC, check one: Primary or Alternate** – Check if A/OPC information is for primary or alternate A/OPC.

**Central Account Number** – Enter 16-digit number of the central account which the POC will be associated.

**Agency/Organization Name** – Enter POC's agency name.

**Contact Name** – Enter POC's name.

Mailing Address, City, State/Province, Zip/Postal Code, and Country – Enter POC's work address.

**Business Telephone** – Enter POC's commercial work telephone number.

Facsimile - Enter POC's fax number.

**Email Address** – Enter POC's email address

**Add as EAGLS User?** – Check if POC will need EAGLS access.

**Authorized Official** – Print name and title of officer authorized to submit POC information.

**Business Telephone** – Enter Authorized Official's commercial work telephone number.

**Authorized Official Signature** – Signature of Authorized Official.

Date - Enter date form is signed.

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