

CITIBANK ADD / CHANGE AUTHORIZATION TO INQUIRE FORM

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 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 choose 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:

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 at 605-357-2092 OR ;
Mail completed form to: Citibank® Commercial Cards
701 60th St North MC 3270
Sioux Falls, SD 57117