

**PURCHASE CARD HIERARCHY LEVEL III (Local)
AUTHORIZED SIGNER**

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Add _____

Delete _____

Please print or type

The following individual has been authorized (within their location's hierarchy code), to make modifications to existing Cardholder(s) accounts/limits, to add or delete Cardholder accounts, to make modifications to existing hierarchy data, and to add new hierarchy data. **Bank One will only act upon original Authorized Signer Forms.** One of the signatures on file at Bank One must be used on all documents.

Local Organization/Office/Institution Information

FMIS Code (also used as hierarchy level III code) (5-digits) _____

Agency/Organization Name BOP PURCHASE
(BOP Purchase location name)

Mailing Address (include Street address, as well as Post Office Boxes)

Hierarchy III (Local Authorized Signer)

Name _____ Title _____	Phone _____ Ext. _____
Signature _____	Fax _____ Ext. _____
Internet E-mail address: _____ @bop.gov (not BOP User ID)	
(BOP internal use only) Local APC Sig _____	

MAIL COMPLETED FORM TO CENTRAL OFFICE NATIONAL AGENCY PROGRAM COORDINATOR

This section to be completed by Central Office

I here by authorize the above listed person (within his/her own location's hierarchy) to give instructions to Bank One as to: 1) Employees authorized to use the Purchase Card ("CARDS") and, 2) Limits and reporting structures as to the use of such Cards. If a deletion, the listed individual's authorization is revoked.

Approved by Authorized Officer _____	Date _____
Print Name _____ (BOP Agency Level I Program Coordinator or alternate)	Phone _____ (202) 307-0985

**Directions for BOP Purchase Card
Authorized Signers Form**

Complete the Authorized Signers Form to establish, update, or cancel those persons having authority to make changes to Approving Official and Cardholder Accounts at their specific location (e.g., local Agency Program Coordinators (APC) and/or alternates/points of contact. Each Regional Office has a copy of the list of Level III Authorized Signers that was submitted to Bank One for the transition. Bank One will honor the transition list initially. However, any changes must be made on this form and contain an original signature of the Authorized Signer and of the BOP-wide Agency Program Coordinator (or Alternate). All the information must be included on one page, including the signature blocks. If the form does not print on one page, you may modify the margins or font, or call your Regional Office for a hard copy.

1. Mark whether the application is for an addition or a deletion of an Authorized Signer.
2. **FMIS Code:** Insert your location's 5-digit Level III Hierarchy code (e.g., MARO = 10020, LSCI Allenwood = 20102, etc.).
3. **Agency/Organization Name:** Be sure to include the default characters, "BOP Purchase -" as the first portion of this field. Then include the location's name (e.g., USP Marion).
4. **Mailing address:** Be sure to include the location's street address, as well as the post office box. This will facilitate any Federal Express mailings.
5. **Name/title:** Insert the Authorized Signer's name on the first line. Insert the Authorized signer's title on the second line.
6. **Signature:** The applicant must sign this form. This is how Bank One will determine if the signer of an application (or caller to Customer Service) has authority to make inquiries or changes. A signature is not required for deletion.
7. **Internet E-mail address:** Insert your Internet E-mail address. Most BOP staff members recently received notification of their Internet E-mail address. All BOP Internet E-mail addresses end with bop.gov (e.g., lchurch@bop.gov). In addition to the E-mail address being useful as a means of communicating with Bank One, some locations may choose to receive certain reports via E-mail once the capability becomes available.
8. **BOP Internal Use Only:** The local APC should sign this area. There is no need to type or print the name. This is for Central Office use to ensure that the APC is aware of any changes to his or her Authorized Signers. Central Office is involved in this process only to have the ability to assign ID codes and passwords when electronic capabilities become available.
9. **Mail the completed original to:**

Federal Bureau of Prisons
Purchase Card Agency Program Coordinator,
BOP Purchase Card
320 First Street, NW, Room 5006
Washington, DC 20534

The National Agency Program Coordinator will sign, make a copy of the form, and forward the original to the Bank One address.

10. If you need to confirm receipt of an Authorized Signer's form at Bank One, call Customer Service at 1-888-297-0781, or (847) 488-4441.
11. If you need to confirm receipt of an Authorized Signer's form by the Central Office, you may e-mail Elvira V. Prien. Additionally, please "cc" Jan Johns, at the Central Office E-mail address. This will ensure receipt coverage during leave periods.