# Citi® – Corporate CitiManager®

## Program Administrator/Non Cardholder – Setup/Maintenance Form

### Section I: Entitlements

*To add, change or delete Program Administrator (PA) and/or Non Cardholder Information, complete Section I through III and sign in Section IV. (\*) Indicates a required field. Complete a separate form for each action as indicated under Section I (1). Any discrepancies or inaccuracies in the form may lead to rejection of your request.*

| | | | |
|---|---|---|---|
| **1** | **\*Indicate the action you are requesting:** | **Primary PA** | |
| | | ☑ Add a (PA Refer) | Is the <u>designated point of contact (POC)</u> for callers needing PA assistance within your company. This PA can update or inquire on the Corporate Account and Individual accounts that fall under the specified hierarchy. |
| | | ☐ Add a (PA CAS) | Is able to update or inquire on the Corporate Account and Individual accounts that fall under their hierarchy but is not the POC. |
| | | ☐ Add a (PA) | Is able to **inquire & maintain on the Corporate account and all individual accounts** that fall under their hierarchy. This PA will be referred to the PA Refer for any additional assistance. |
| | | ☐ Add a (PA Inquire) | Is able to inquire on Corporate and individual accounts that fall under their hierarchy – but is unable to maintain the accounts. |
| | | ☐ Add a (ATI) | Only has access to tools within CitiManager® services and can only call in to inquire on those tools and/or reports. |
| | | ☐ Change PA info | **Complete Reporting Hierarchy and items requiring a change.** |
| | | ☐ Delete PA Access | |

| | | |
|---|---|---|
| **2** | **CitiDirect Access request:** | ☐ Program Administrator Setup and CitiDirect® Card Management System ID Request |
| | | ☐ Program Administrator Setup and CitiDirect® Card Management System ID Request for Read Only |
| | | ☑ PA Setup and **DO NOT** issue a CitiDirect® Card Management System ID |

| | |
|---|---|
| **\*Citi Custom Reporting System Access (CCRS):** | ☑ Yes  ☐ No  (\*If yes, please indicate User Group below.) |
| | User Group: ☐ Read  ☐ Read/Write  ☑ Read/Write/Delete |

**3**  Reporting Hierarchy

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 | Level 7 |
|---|---|---|---|---|---|---|
| 6 5 2 6 7 | | | | | | |
| | | | | | | |

| | | |
|---|---|---|
| **4** | **\*CitiManager Online Applications:** | ☑ Yes  ☐ No  (If yes, please indicate User Entitlements) |
| | | ☑ Apply for Card  ☑ New Account Application  ☑ Set/Pass code Form Data: |
| | | ☐ Upload Supervisor List: ☑ View Request |
| **5** | **\*CitiManager Online Maintenance:** | ☑ Yes  ☐ No |
| **6** | **\*CitiManager Library:** | ☑ Yes  ☐ No    Folder Name: |
| **7** | **\*CitiManager Cards Statements and Payments Entitlements:** | Please indicate the entitlements below for CS&P. |
| | | ☑ Account Summary  ☑ Add another Account  ☑ Add Alternate User  ☑ Payment History  ☑ Statements |
| | | ☑ Unbilled Transactions  ☑ View Accounts in Unit |
| **8** | **\*CitiManager Entitlements:** | Please indicate what the Program Administrator and/or Non Cardholder is allowed to do within CitiManager below. |
| | | ☑ Create a User  ☑ Message Board  ☑ Profile  ☑ Search  ☑ Update User |
| | | ☑ Assign/Un-Assign Applications (CCRS)  ☑ Assign/Un-Assign Companies |

Maintain a copy in the Program Administrator's files. Fax completed form to your Client Account Manager at 904-954-7700.

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# Citi® – Corporate CitiManager®

## Program Administrator/Non Cardholder – Setup/Maintenance Form

### Section I: Entitlements

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| | | |
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| **2** | **CitiDirect Access request:** | ☐ Program Administrator Setup and CitiDirect® Card Management System ID Request<br>☐ Program Administrator Setup and CitiDirect® Card Management System ID Request for Read Only<br>☑ PA Setup and **DO NOT** issue a CitiDirect® Card Management System ID |

| | |
|---|---|
| **3** | **\*Citi Custom Reporting System Access (CCRS):** |

☑ Yes  ☐ No   (\*If yes, please indicate User Group below.)

User Group: ☐ Read   ☐ Read/Write   ☑ Read/Write/Delete

| Reporting Hierarchy | Level 1 | | | | | Level 2 | | | | | Level 3 | | | | | Level 4 | | | | | Level 5 | | | | | Level 6 | | | | | Level 7 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 6 | 5 | 2 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Reporting Hierarchy | Level 1 | | | | | Level 2 | | | | | Level 3 | | | | | Level 4 | | | | | Level 5 | | | | | Level 6 | | | | | Level 7 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|---|---|
| **4** | **\*CitiManager Online Applications:** | ☑ Yes  ☐ No   (If yes, please indicate User Entitlements)<br>☑ Apply for Card  ☑ New Account Application  ☑ Set/Pass code Form Data:<br>☐ Upload Supervisor List: ☑ View Request |
| **5** | **\*CitiManager Online Maintenance:** | ☑ Yes  ☐ No |
| **6** | **\*CitiManager Library:** | ☑ Yes  ☐ No    Folder Name: |
| **7** | **\*CitiManager Cards Statements and Payments Entitlements:** | Please indicate the entitlements below for CS&P.<br>☑ Account Summary  ☑ Add another Account  ☑ Add Alternate User  ☑ Payment History  ☑ Statements<br>☑ Unbilled Transactions  ☑ View Accounts in Unit |
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# Citi® – Corporate CitiManager®

## Program Administrator/Non Cardholder – Setup/Maintenance Form

### Section II: Program Administrator/Non-Cardholder Information

Please fill out required information below to setup Non Cardholder in CitiManager®.

| 9 | *First Name of PA | | Middle Initial | *Last Name (maximum 24 characters total) | | |
|---|---|---|---|---|---|---|
| | Joni | | | Reed | | |

| 10 | *Business Mailing Street Address | | | *E-mail Address | | |
|---|---|---|---|---|---|---|
| | 110 S Sycamore St., RM 213 A | | | joni.reed@co.panola.tx.us | | |
| | *City | *State | | *Zip Code | *Country | |
| | Carthage | TX | | 75663 | USA | |

| 11 | *Business Phone | 903-693-0325 |
|---|---|---|
| 12 | *Fax Number | 903-693-4125 |
| 13 | *Verification Information Please Provide (4 digits) | |

### Section III: Company Assignment

| 14 | *CitiManager Company Name: | C1830 Panola County | | | | | |
|---|---|---|---|---|---|---|---|

| 15 | *Reporting Hierarchy | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 | Level 7 |
|---|---|---|---|---|---|---|---|---|
| | | 6 5 2 6 7 | | | | | | |

| 14 | *CitiManager Company Name: | | | | | | |
|---|---|---|---|---|---|---|---|

| 15 | *Reporting Hierarchy | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 | Level 7 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 14 | *CitiManager Company Name: | | | | | | |
|---|---|---|---|---|---|---|---|

| 15 | *Reporting Hierarchy | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 | Level 7 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

### Section IV: Terms and Conditions

| 16 | By signing below, I confirm I will not use any information pursuant to this System Access Request Form (including, without limitation, any personal information of employees of the Company) for any purposes other than as necessary to fulfill my obligations as indicated within my Entitlement in accordance with the Agreement between Citi and the Company. The Company and I understand that Citi will record telephone calls made to Program Administrators (including myself) for quality assurance purposes. | |
|---|---|---|
| | 1. *Signature of Program Administrator/Non Cardholder | Date |
| | *[signature] Joni Reed* | 6-25-19 |
| | By signing this application, both the Company and I certify that I have full authority to sign this application; all of the information on this application is true and correct in all respects. Additional information may be requested to process your application. | |
| | 2. *Signature and Title of Current Program Administrator and/or Authorized Officer | |
| | *[signature] Jennifer Stacy* | |
| | Title | Date |
| | Panola County Auditor | 6-25-19 |

Numbers in **BLUE** correspond to numbers on guide sheet on next page.

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## Program Administrator/Non Cardholder – Setup/Maintenance Form

### Section II: Program Administrator/Non-Cardholder Information

*Please fill out required information below to setup Non Cardholder in CitiManager®.*
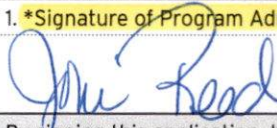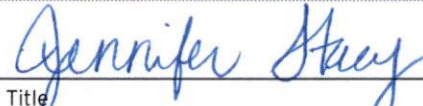
| 9 | *First Name of PA | Middle Initial | *Last Name (maximum 24 characters total) |
|---|---|---|---|
| | Jennifer | | Stacy |

| 10 | *Business Mailing Street Address | | *E-mail Address | |
|---|---|---|---|---|
| | 110 S Sycamore St., RM 213 A | | jennifer.stacy@co.panola.tx.us | |

| | *City | *State | *Zip Code | *Country |
|---|---|---|---|---|
| | Carthage | TX | 75663 | USA |

| 11 | *Business Phone | 903-693-0320 |
|---|---|---|
| 12 | *Fax Number | 903-693-2726 |
| 13 | *Verification Information Please Provide (4 digits) | |

### Section III: Company Assignment

| 14 | *CitiManager Company Name: | C1830 Panola County | | | | | | |
|---|---|---|---|---|---|---|---|---|

| 15 | *Reporting Hierarchy | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 | Level 7 |
|---|---|---|---|---|---|---|---|---|
| | | 6 5 2 6 7 | | | | | | |

| 14 | *CitiManager Company Name: | | | | | | | |
|---|---|---|---|---|---|---|---|---|

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| | 1. *Signature of Program Administrator/Non Cardholder | Date |
| | *Jennifer Stacy* | 6-25-19 |
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| | *Jennifer Stacy* | |
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| | Panola County Auditor | 6-25-19 |

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