

# BANK OF MONTREAL: ORGANIZATION SET UP FORM

## ORGANIZATION INFORMATION (PLEASE PRINT)

Organization Name	<b>Card Embossing</b> (MAXIMUM 21 characters incl. spaces, examples: org name, tax exempt, or combination of both)
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## PROGRAM REQUIREMENTS

Card Application  Purchasing

<b>Currency</b> <input checked="" type="radio"/> U.S.	<input checked="" type="radio"/> Business Resident in U.S.	<input checked="" type="radio"/> BMO Spend Dynamics
Year End Month _____ (e.g. October)	Authorized Corporation Limit \$ _____ (to be completed by the Bank)	
Grace Days (7, 14, 21, 27) _____	<input checked="" type="radio"/> Monthly Spending Limit – to be completed later	

## PROGRAM ADMINISTRATOR FOR ORGANIZATION (1 FORM FOR EACH ADMINISTRATOR)

Name \_\_\_\_\_ Department \_\_\_\_\_  
Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_  
e-mail \_\_\_\_\_ Fax \_\_\_\_\_  Check box if you want cards sent to this person

## BILLING REQUIREMENTS

Billing method. (Select one only) <input checked="" type="radio"/> Central Billing	Billing Date ( 5 <sup>th</sup> or 20 <sup>th</sup> ) _____
<b>Send cardholder statements to:</b> <input checked="" type="radio"/> No paper statements required (ONLY) <input type="radio"/> Program Administrator <input type="radio"/> Employee	
Monthly settlement method. <input checked="" type="radio"/> ACH Payment – (please complete corresponding form) <input type="radio"/> Payment by Check (Payment by Check with breakdown of accounts (please see the bottom* of this form))	

Signature of Program Administrator

Date

\*If you cannot pay via electronic debit, the alternative is to courier a check for the total monthly amount along with a breakdown of payments to:

**MASTERCARD CORPORATE CLIENTS PAYMENT CENTER**  
**PO BOX 71878**

**CHICAGO, IL 60694-1878**

Checks payable to: BMO MasterCard

**BANK OF MONTREAL: AUTHORIZATION CONTROLS SET-UP TABLE (ONLY ONE PER APPLICATION. INDIVIDUAL CARDS CAN BE MODIFIED AT A LATER DATE.)**

**For Purchasing and Corporate Cards Only**

Name of Table: \_\_\_\_\_ DEFAULT 1\_ (NCAS) \_\_\_\_\_

**INSTRUCTIONS**

This will be your default authorization table for all your cards. It is best practices and is recommended. **You can choose to add additional authorization tables using BMO details Online.**

The Merchant Category Blocking portion of the form is already completed, as this is the main default template, and should be left open only blocking cash advances.

- Countries to Allow Use
  - Check countries to allow use in, this includes any online orders.
- Please sign and date the authorization controls form.

**MERCHANT CATEGORY CODE BLOCKING**

Merchant Category	Per transaction limit (set to \$0 to block use)
Cash Advance*	\$ <u>0</u>
Airlines & Other Transport	\$ <u>NO LIMIT</u>
Auto/Vehicle Rental	\$ <u>NO LIMIT</u>
Food	\$ <u>NO LIMIT</u>
Hospitalization/College	\$ <u>NO LIMIT</u>
Hotel/Motel	\$ <u>NO LIMIT</u>
Telephone/Mail Order	\$ <u>NO LIMIT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
All other Merchants	\$ <u>NO LIMIT</u>

\* Default to \$0 for Purchasing Card

**COUNTRIES TO ALLOW USE**

Country Name	Allow Use	Prohibit Use
U.S.	<input type="radio"/>	<input type="radio"/>
Canada	<input type="radio"/>	<input type="radio"/>
All other countries	<input type="radio"/>	<input type="radio"/>

Signature of Program Administrator

Date

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