

AccessOnline Utility Cardholder Account Setup Quick Reference

Use this one-page quick reference to order new UTILITY OneCards within <u>USBank AccessOnline</u>. If you are one that likes screen prints you may utilize the document How to Setup Utility OneCard. Do NOT use this document to order an Employee OneCard. The fields shown on this list are those that are either required or is information that you should be considering when ordering your OneCard. Contact <u>doa.dof.pcard.support@alaska.gov</u> if you have questions.

PRODUCT SETTINGS	
Product (Bank) – Required	Defaults to SOA's Bank 3757
Agent – Required	Refer to USBank Hierarchy Agent Numbers if you are unsure of your Agent Number.
Company – Required	Run Access Online Report to find the Managing Account Number the OneCard should point to. (Refer to <u>USBank AccessOnline FAQs.pdf</u> if needed).
Assign this account to – Required	Defaults to Individual – Change to Group.
Send a Physical Card – Required	Defaults to Yes.
ACCOUNT INFORMATION	
First Name – Required	First Name – This field only allows 12 Characters. The First name must start with your
MI – Optional	department's acronym (DOA, DOC, DNR, etc); then enter Program/Division that will be using the card. IF the full program or division does not fit you need to abbreviate and/or use the last Name.
Last Name – Required	MI is left blank . Last Name – this field only allows 17 characters and must end with one of the following "Utility, GROUP, GRP," – as this will identify the account is not assigned to a specific employee. The combination of these fields is embossed on the physical card.
Organization Name – Optional	DO NOT CHANGE - Defaults based on Agent/Company selected.
Social Security Number - Required	DO NOT enter a social security number nor employee number of a person. Enter 000-9999-XX (where XX = your two-digit department code)
Country – Required	Select United States.
Address Line 1 – Required	Enter address the OneCard should be mailed to.
Address Line 2 – Optional	Leave Blank, unless your office as a 2 nd address line.
City, State, Zip Code – Required	Enter correct City, State and Zip
Email Address – Required	Enter the work address of Administrator – this is the employee who is responsible for overseeing, reviewing monthly statements and safeguarding of the card. This is the email address in which notifications can be sent if the Administrator signs up for electronic statements for this account.
Optional 1 (optional)	Enter the First Name of Administrator – this is the employee who is responsible for overseeing, reviewing monthly statements and safeguarding of the card.
Optional 2 (optional)	Enter the Last Name of Administrator – this is the employee who is responsible for overseeing, reviewing monthly statements and safeguarding of the card.
LEGAL INFORMATION - THIS IS REQUIRED!	
Registered Business Name	This is a "Utility Card" and is not assigned to a single person's business needs/use. In previous steps you designated this by selected "Group". Enter your Department Name and the Division/Section the card will be used for.
Legal Business Address	Select Use Mailing Address
AUTHORIZATION LIMITS	•
Account Credit Limit – Required, defaults	Monthly Credit Limit defaults; update per internal policy.
Single Purchase Limit – Required	Update per internal policy/delegation of authority.
Cash Withdrawal Limit – Optional	Utility Cards should not be allowed for Cash Withdrawals
Use Values from Managing Account? – Required	Click on unhide options fields - common practice is default all values from Managing Account.
Merchant Authorization Control (MAC) – Optional	Select difference MACs for the Utility Card. The Card should never be used for Travel Related items.
•	t Coordinator for USBank and provide the Administrator's Name, Email and Phone Number for the or contact.html/. This is to ensure the Administrator as appropriation access to the Account.