

Credit Gateway Account Setup Form

Agency Instruction

Email completed form to CreditGateway@fiscal.treasury.gov

| | Allow five business days fo | r processing ne | w account | |
|--|-----------------------------|-----------------|---------------|---------------|
| Account Service | ☐ New Account | Chang | ge to Account | Close Account |
| Request | | | | |
| _ | | | | |
| Agency Locator Code | | • | | |
| Agency Name | | | | |
| Agency Address | | | | |
| | | | | |
| | | | | |
| Agency Contacts | Name | Phone | | Email |
| Primary Contact | | | | |
| Secondary Contact | | | | |
| Alternate Contact | | | _ | |
| Program Enrollment | ☐ ACH | | Fedwire | OLBP |
| CIR Cash Flow Name | | | | |
| (25 character limit) | | | | |
| | | | | |
| | | | | |
| Fiscal Service Personnel | | | | |
| Authorizing Official | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Credit Gateway Customer Care Personnel | | | | |
| Account Number | Treuit Gateway Cust | omer Care r | ersonnei | |
| Account Number | | | | |
| T: D : 1 | _ | | | |
| Time Received | | <u> </u> | | |
| Completed Date/Time | | Technician | | |
| Reviewing Technician | | | | |