

BMO ePurchasing Solutions Organization Set-up Form

BMO Financial Group



(All Sections are Mandatory)

ORGANIZATION INFORMATION (PLEASE PRINT)

Organization Name

SCHOOL DIST. NAME

Embossed Organization Name (MAXIMUM 24 characters incl. spaces)

PROGRAM REQUIREMENTS

Card Application

Purchasing

Currency

U.S.

Business Resident in U.S.

BMO details Online

Year End Month JUNE

(e.g. October)

Authorized Corporation Limit \$ _____

★ (To be completed by Harris)

Grace Days (7, 14 or 21) choose

or 27

Monthly Spending Limit

PROGRAM ADMINISTRATOR FOR ORGANIZATION

Name _____ Department _____

Mailing Address: Street _____ City _____

State _____ Zip Code _____ Tel. _____

e-mail _____ Fax _____

BILLING REQUIREMENTS

Billing method. (Select one only)

Central Billing

Billing Date (5th OR 20th) choose

Cardholder Statement Sent to

Program Administrator

Employee

No statements required

Monthly settlement method.

ACH Payment – (please complete ACH information and include/attach/fax a copy of a voided check)

Payment by Check with breakdown of accounts (please see the bottom* of this form)

if you choose ACH - please complete below information

Bank Name _____

Routing # _____ Account # _____

Name of Deposit Account Holder _____

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