



CAL-Card® Request to Participate Form

(Insert Name of California Tax Funded Agency)

The person designated below will serve as point of contact for establishing an account or accounts with U.S. Bank.

Tax ID Number: _____
(Cities, Counties, School Districts, and Special Districts ONLY)

Agency Point of Contact:

(Name) (Date)

(Mailing address) (Phone)

(City, State, Zip) (Email address)

_____ \$ _____
(Estimated number of cards) (Estimated monthly spend)

Upon receipt of this Request to Participate and other required documentation as listed below, U.S. Bank will contact your agency within 3 business days.

- State agencies are required to complete a State Agency Subsidiary Agreement (STD 213). Instructions on how to fill out this form can be found on the Cal eProcure webpage (https://caleprocure.ca.gov/PSRelay/ZZ_PO.ZZ_CTR_SUP_CMP.GBL?Page=ZZ_CTR_SUP_PG&Action=U&SETID=STATE&CNTRCT_ID=7-20-99-42) under Attachments.
- Local agencies; cities, counties, special districts, schools districts and other non-state agencies, are required to complete a Local Agency Subsidiary Agreement, found on the CAL-Card website (www.dgs.ca.gov/cal-card_enrollment) under Stage 1.
 - Paper copy enclosed with original documents
 - Document format, please list email address for U.S. Bank to contact: _____
 - Web Address for financials: _____

If your agency requires that you have original signature documents on file at your agency, please send more than one set of the above documents to U.S. Bank.

Please send all completed documents to: cpsmidmarketsalescoordinator@usbank.com

If you must execute a paper document: CPS Mid Market Sales Coordinator
Attn: Dave Perkins
901 Marquette Avenue, EP-MN-A17S
Minneapolis, MN 55402

Questions? Email us at: cpsmidmarketsalescoordinator@usbank.com

For U.S.Bank use only

Received date: _____

IPM: _____ AM: _____