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AMERICAN EXPRESS® GLOBAL DOLLAR CARD PROGRAM

GDC-Program Administrator Maintenance Form - June 2026

Program Administrator Maintenance Form

The USA Patriot Act requires all financial institutions in the U.S. to obtain, verify, and record information that identifies each person seeking to make changes to an existing account. When making changes to an existing account, we will ask for your name, a physical residential address, date of birth, and an identification number. We will require a copy of your government–issued document (i.e., driver's license or Passport) which will allow us to verify your identity as required by federal law. **This form cannot be processed if all required information is not complete.**

When completing this form, please do not write outside the fields provided. Please include, along with this form, a legal document where the Program Administrator's name appears.

☐ **By clicking this box, I confirm that I am an authorized Program Administrator filling out this form.**

1. Change Request

I intend to:

☐ Remove Program Administrator – **Complete Section 5**.

☐ Add privileges for Master Control Account/Basic Control Account – **Complete 2 & 5**.

☐ Remove privileges for Master Control Account/Basic Control Account – **Complete 3 & 5.**

☐ Change access for reporting – **Complete Section 3 & 5.**

☐ Update demographic information – **Complete Section 4 & 5.**

2. Program Administrator Access Authorization

Modify PA Access for below–listed Control Account Number(s) (must be 15 digits). Access will default to the highest hierarchy level selected (MCA > ICA > BCA)

Master Control Account (MCA)	Intermediate Control Account (ICA)	Basic Control Account (BCA)

3. Reporting

☐ Enable access to Online Program Management.

☐ Enable access to Customized Reporting.

☐ Disable access to Online Program Management.

☐ Disable Customized Reporting.

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4. Demographic Information – Only fill out fields that require modification.

First, Middle, Last Name must match the name on the provided document.

First Name:

Middle Name:

Last Name:

Alias Name: (Optional)

Date of Birth: Month Day Year (Applicant's age must be 18 or older)

Identification (ID) Number:

To be filled if you are a U.S. citizen, permanent resident or an eligible non-immigrant worker in the United States.

Social Security Number/ITIN Number: – –

– OR –

To be filled if you are NOT a U.S. citizen, permanent resident or an eligible non-immigrant worker in the United States.

National Identification (ID) Number: (Must match the ID number on the provided document)

Country of Issuance:

Residential Address

(Cannot be a P.O. Box Address, and Residential Address cannot be same as Company Address)

Address:

City/Town: (Required, if exists)

State/Province: (Required, if exists)

Postal Code: (Required, if exists)

Country:

Contact Information

Country Code – Contact Number

Mobile: –

Company Phone: –

Home Phone: –

Business Email Address:

(Applicant's Full Active Company Email Address/ID Is Required)

We will use your information to process your application, to communicate to you about its status, and we may notify you about important account updates and services that may be suited to your needs. We will never share your email address. For information about how we protect your privacy, please visit americanexpress.com/privacy.

Application will be rejected if you don´t check this box.

☐ **By selecting this box, I acknowledge and understand:**

a) **That the Business Email Address provided is used for business purposes and that American Express may share sensitive account-related information using the Business Email Address.**

b) **The potential risk of using a non-Business Email Address domain (e.g., @gmail.com, @yahoo.com, etc.) or a shared email address (e.g., finance@aexp.com) that may be accessed by multiple employees within my company if/as applicable.**

c) **The usage of a non-Business Email Address domain (e.g., @gmail.com, @yahoo.com, etc.) may result in unintended or unauthorized access following the departure or reassignment of the designated active company representative/Program Administrator associated with your company's Global Dollar Card - American Express Corporate program.**

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5. Authorized Company Representative/Program Administrator

The above applicant is authorized to act on behalf of the Company in administering all aspects of the American Express Corporate Global Dollar Card Program, including access to the Online Services in accordance with the Online Service Terms.

Full First and Middle Names:

Last Name:

Job Title:

Business Email Address:

(Authorized Company Representative/Program Administrator's Full Active Company Email Address/ID is required)

We will use your information to communicate to you about the application status. We will never share your email address. For information about how we protect your privacy, please visit americanexpress.com/privacy.

Application will be rejected if you don´t check this box.

☐ **By selecting this box, I acknowledge and understand:**

a) **I am authorized to sign this application on behalf of the company.**

b) **That the Business Email Addresses of the Authorized Company Representative/Program Administrator and that of the Applicant provided is used for business purposes and that American Express may share sensitive account-related information using the Business Email Addresses.**

c) **The potential risk of using a non-Business Email Address domain (e.g., @gmail.com, @yahoo.com, etc.) or a shared email address (e.g., finance@aexp.com) that may be accessed by multiple employees within my company if/as applicable.**

d) **The usage of a non-Business Email Address domain (e.g., @gmail.com, @yahoo.com, etc.) may result in unintended or unauthorized access following the departure or reassignment of the designated active company representative/Program Administrator associated with your company's Global Dollar Card - American Express Corporate program.**

I, the undersigned, an employee of (enter Company Name)

hereby authorize American Express Travel Related Services Company, Inc. ("American Express") and/or its parent, subsidiaries or affiliates (each, an "American Express Entity") to transfer my American Express account (the "Account") information provided in this Application from (enter Country of Residence)

to American Express Entities in jurisdictions outside of (enter Country of Residence)

for purposes of processing this Application, servicing my Account and complying with my obligations under any and all the agreements entered into with American Express and American Express Entities in connection with my Account.

Signature
(Electronic Signature generated via Adobe/DocuSign OR Manual Signature. Do not copy & paste signature from other document/s.)

✗

Month | Day | Year

Note:
To modify the level of authorization granted, please contact GDC Customer Service, available 24 hours a day, 7 days a week, at 1-800-597-5500*, or submit a Program Administrator Maintenance Form. Once all required forms have been completed, please forward them to the GDC Help Desk at **helpdeskgdc@aexp.com** for review and processing.

* For some countries, you may be required to dial the local AT&T number first in order to access the toll-free number. To obtain AT&T local numbers, please visit **att.com/traveler**.