Fleet Commander®*Online*
Enrollment Form
Voyager

All fields are required. Form must be submitted by the primary point of contact for your account

| Account information |
| --- |
| Date submitted  |       |
| Primary point of contact name |       |
| Account number |       |
| Account name |       |
|  |
| user information |
| Preferred user id (minimum of 6 characters. No symbols or special characters) |       |
| First name |       |
| Middle initial |       |
| Last name |       |
| Job title |       |
| Phone number |       |
| Email address |       |
| Street address |       |
| City, state, zip code |       |
| *Allowable user feature capabilities* |
| Account maintenance | [ ]  Edit/view [ ]  View only [ ]  None |
| Reporting | [ ]  Yes [ ]  No |
| Statements | [ ]  Yes [ ]  No |
| Bill Pay | [ ]  Yes [ ]  No |
| Email notification | [ ]  Online statement [ ]  Payment is due [ ]  Payment is past due [ ]  Purchase decline [ ]  None |

If you have questions on Fleet Commander ™*Online* enrollment, please contact U.S. Bank Client Support at 800-987-6591.

Submit completed form by email to: fleetcommander@usbank.com. Enrollment is complete within 3 to 5 business days. Upon completion a temporary password will be emailed to you. A user ID will be sent in a separate email only if the requested preferred ID is not available.

