

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](mailto: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.

