



Form 4046 — Billing Address Code (BAC)

Request a New BAC or Change an Existing BAC

Note: To establish a Printing and Binding Deposit Account BAC, please use GPO Form 4045.

For GPO Use Only

Date received _____

New BAC _____

Date BAC established _____

Initial and date when customer is notified _____

To Establish a New BAC — Select Payment Method

- IPAC Billing (Indicate below your agency's ALC, TAS, and BETC)
- Non-IPAC Billing (Check Credit Card)

To Change an Existing BAC

- Change payment method for BAC [____]. Select **NEW** payment method from above.
- Deactivate BAC(s): Enter BAC(s) in the additional information box below.
- Change ALC from [____] to the ALC indicated below. Also include TAS and BETC.

(Required for IPAC Funding)

Agency Location Code (ALC) [][][][][][][][][] **Business Event Type Code (BETC)** _____

Treasury Account Symbol (TAS)

Sub-level Prefix Code (2)	Allocation Transfer Agency Identifier (3)	Agency Identifier (3)	Beginning Period of Availability (4)	Ending Period of Availability (4)	Availability Type Code (1)	Main Account Code (4)	Sub-Account Code (3)
[][]	[][][]	[][][]	[][][][]	[][][][]	[]	[][][][]	[][][]

Update: Contact Information (Requestor and/or Finance POC) in the "Additional Information" box list the BAC(s) this update affects.

AGENCY REQUESTOR'S POINT-OF-CONTACT INFORMATION

Name _____ Title _____

Department or Government Establishment _____ Bureau/Office _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Ext. _____ Fax _____ Email _____

AGENCY FINANCE POINT-OF-CONTACT INFORMATION

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Ext. _____ Fax _____ Email _____

Does your agency require a **Line of Accounting to process IPAC transactions for this BAC?** Yes No
 (Go to https://www.gpo.gov/docs/default-source/forms-standards-pdf-files/sf-1_instructions.pdf for more information.)

Does your agency require a **MIPR to process IPAC transactions for this BAC?** Yes No

Additional Information

I am authorized to complete this GPO Form 4046 and that the information provided is correct and accurate. I acknowledge that I am an authorized representative of my agency responsible for the above BAC(s).

Authorizing Signature _____ Title _____ Date _____

Submit completed form to the Commercial Billing Section at requestnewbac@gpo.gov

For questions call **202.512.0197** or email requestnewbac@gpo.gov.

Note: If unable to submit form electronically, fax the completed form to your National Account Manager (NAM) team at **202.312.0171**.