

ACCOUNT MAINTENANCE REQUEST

Date of Request: _____

Cardholder Name: _____ Phone: _____

Department: _____ Email: _____

TYPE OF REQUEST

Cancel card (Please check reason) ***[Liaison/Supervisor should cut the card in pieces and dispose of it.]***

Employee separated employment

Employee switched departments

Employee no longer needs card

Employee terminated

Other _____

Default Account Change _____

Department Change *

Cardholder Name Change _____

Campus Address Change _____

Phone Number Change _____

*Will result in cancellation of card. A new cardholder agreement form must be submitted.

Cardholder Signature: _____ Date: _____

Department Staff Liaison Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Dean/Director or Designee Signature: _____ Date: _____

Once completed, send this request to the campus Purchasing Card Administrator