**APPENDIX A-3**

# 1BACCOUNT MAINTENANCE REQUEST

|  |  |
| --- | --- |
| Date of Request: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder Name: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | Email: |  |

**TYPE OF REQUEST**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cancel card (Please check reason) ***[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 | | |  | | |  | | |
| Biweekly Credit Limit Change\* | | | | |  | |  | |
| Single Purchase Limit Change\* | | | | |  | |  | |
| Department Change \*\* | | | | | | | | |
| Cardholder Name Change | | | |  | | | |  |
| Campus Address Change | | |  | | | | | |
| Phone Number Change | |  | | | |  | | |

\* Requires approval of Department (no designees).

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

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(No Designees)

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| **Once completed, send this request to the campus PCPA.** |