**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.** |