

Auburn Montgomery

Purchasing Card Account Maintenance Form

TYPE OF REQUEST:

- Delete Account - **Enclose Card**
 Change Existing Account

ACCOUNT INFORMATION CHANGED:

- Name Address Department
 Monthly Credit Limit Single Transaction Limit
 Other _____

CARDHOLDER INFORMATION:

Please complete only the appropriate spaces below to indicate change(s) needed.

 First Name Middle Initial Last Name (Total of 24 Characters)

 Employee 9-number Date of Birth (16 digit card #) **REQUIRED**

 Department Business Phone Number (10 digits)

 Monthly Statement Address (Campus Address)

 City State Zip (10 Digits)

LIMITS

 Monthly Credit Limit Single Transaction Limit

 Employee's Signature Date

 Dean/Director/Department Head's Signature Date

 Program Administrator's Signature Date

After completion and approvals, send completed form to Procurement & Payment Services, Library Tower.