

# 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)
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Banner ID Number	Purchasing Card Number (last four digits only)
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Department Name	Business Phone Number (10 digits)
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Campus Address

City	State	Zip (10 Digits)
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**LIMITS**

Monthly Credit Limit	Single Transaction Limit
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Employee's Signature	Date
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Dean/Director/Department Head's Signature	Date
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PBS Program Administrator's Signature	Date
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After completion and approvals, send completed form to Financial Services, 908 Library Towers, or you can e-mail (csmith91@aum.edu).