

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)

Banner ID Number Purchasing Card Number (last four digits only)

Department Name Business Phone Number (10 digits)

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

PBS Program Administrator's Signature Date

After completion and approvals, send completed form to Financial Services, 908 Library Towers, or you can e-mail (csmith91@aum.edu).