CARDHOLDER UPDATE FORM

Cardholder Name (as it appears on front of Procurement Card)  Emplid:

Type of Request:

☐ Account Closure
   Reason: ____________________________
   Note: Card should be destroyed, DO NOT send card with this form.

☐ Default Account change (Please include Fund-Dept-Program-Project)

☐ Name Change

Change spending limit (increase/decrease):
   □ Single Limit (not to exceed $20,000)
   □ Single Transaction limit (not to exceed $5,000)
   □ Daily Spending Limit (not to exceed $10,000)

☐ Suspend Account
   Approximate time period for which account will be suspended: ____________________________

☐ Re-activate Suspended Account
   Other: ____________________________

Current Information:
_________________________________________________________________
_________________________________________________________________

New Information:
_________________________________________________________________
_________________________________________________________________

Cardholder Signature ____________________________  Date ____________________________

Budget Authority Signature ____________________________  Budget Authority Name (print) ____________________________

Completed forms must be returned to: Procurement Card Administrator at Box 5003 or email to: pcard@usm.edu

Updated 12/13/17