

Auburn University

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	Business Phone Number (10 digits)
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Monthly Statement Address (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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Program Administrator's Signature	Date
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After completion and approvals, send completed form to Procurement and Business Services, 311 Ingram Hall.