Purchasing Card Account Maintenance Form

Date of request: ____________________________

Cardholder Name: ____________________________ Phone: ____________________________
Department: ____________________________ Email: ____________________________

TYPE OF REQUEST

☐ Cancel Card (Please check reason)
  If cardholder is a Reviewer or Updater, please complete separate Reviewer and Updater Access Request forms to cancel access.
  ☐ Employee separated employment
  ☐ Employee switched departments
  ☐ Employee no longer needs card
  ☐ Employee terminated
  ☐ Retirement
  ☐ Other

Temporary Account Cancellation: ☐ Suspend Card ☐ Reactivate Card
  Reason: ____________________________

☐ Default Account Change ____________________________

☐ Monthly Credit Limit Change* ____________________________
  For temporary increase, please forward new account maintenance form when reduction is desired.

☐ Single Purchase Limit Change* ____________________________

☐ Department Change **

☐ Cardholder Name Change ____________________________

☐ Campus Address Change ____________________________
  Address Change Line 2 ____________________________

☐ Phone Number Change ____________________________

☐ Request Replacement Card Due to Damaged Plastic or Magnetic Strip

* Requires approval of Department Head (no designees).
**Will result in cancellation of card. A new cardholder agreement form must be submitted.

Cardholder Signature: ____________________________ Date: ____________________________

Department Head Signature: ____________________________ Date: ____________________________
(No Designees)

Once completed, send this request to the Delegated Procurement Team, Department of Procurement and Supply, via campus mail 2113R Chesapeake Building; fax (301) 314-1352 or email pcard@umd.edu.

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