



Procurement Card
Request Changes to Card Account

Card Account Information:

Name on card _____

Last four digits of card number _____

Cardholder Information:

Change name (first, middle initial, last) to: _____

Change name as it is to appear on the card to: _____

Change University Phone Number to: _____

Change University Email Address to: _____

Change default department for transaction coding to: _____

Single transaction dollar limit (cannot exceed \$5000) Current limit: _____ Change limit to: _____

Monthly dollar spending limit: Current limit: _____ Change limit to: _____

Allow travel expenses on this card: Yes _____ No _____

Cancel this card Yes _____ No _____

Block use of this card Yes _____ No _____

Signature: _____

Date signed: _____

Department Director / School Dean Information:

Name: _____

Signature: _____

Date Signed: _____

Vice President Information:

Name: _____

Signature: _____

Date Signed: _____

Controller's Office Information:

Controller's Name: _____

Controller's Signature: _____

Date Signed: _____

Card Account Manager's Name: _____

Card Account Manager's Signature: _____

Date change processed with Suntrust: _____