

UNBC PROCUREMENT CARD MAINTENANCE FORM

Request Date:

Department/Faculty:

Cardholder Name:

Account No. 5569 XXXX

Last Eight Digits

Please indicate the requested change(s) by providing the following information:

Change to Account Limits:

Increase/Decrease Transaction Limit:

From: \$

To: \$

Increase/Decrease Monthly Card Limit:

From: \$

To: \$

If the change is temporary:

From:

To:

Change to Department/Faculty:

From:

To:

Effective Date:

Fund:

Org:

Card Replacement:

The card will be closed and will take approximately 7-10 business days for the replacement card to be received.

Reason for Replacement:

Lost/Stolen

Date reported to bank:

Damaged magnetic strip or CHIP

Name Change or Correction:

Change Name to:

Account Closure:

Effective date:

I certify that no authorized purchases have been made by me or anyone known to me as of my last charge:

Date:

Amount:

Merchant:

Approved by:

Cardholder Signature: _____

Supervisor/Budget Holder: _____

Signature

Print Name