

P-CARD ACCOUNT MAINTENANCE FORM

Date of Request _____ Department _____

P-Cardholder Name _____

P-Cardholder Account Number _____ - _____ - _____ - _____

Please indicate requested change (s):

► **Change Account Limits**

P-Card limits should be set according to business purchasing needs-

Temporary increase: please note change-back date _____

Increase/Decrease monthly credit limit from \$ _____ to \$ _____
Maximum month limit \$10,000

Increase/Decrease single transaction limit from \$ _____ to \$ _____
Single transaction maximum \$1,999

► **Request to unblock a Merchant Category code (MCC)**

Some merchant categories are blocked to prevent unauthorized purchases. You can request a MCC unblock if you have had an authorized business purchase declined due to a blocked MCC.

Please complete the information below:

Unblock MCC _____ MCC Description: _____

Vendor name & address: _____

Business Purpose: _____

► **P-Card Replacement** – Please note: Your P-Card account will be deactivated approx. 7 working days.

Reason for replacement:

Lost/Stolen Date P-Card reported as missing to Wells Fargo _____.

Damaged plastic or strip

Name change or correction: _____
(Maximum 20 characters to be embossed on card)

► **Account Closure** – Effective immediately unless specified as: _____

Please fax closure request on or before employee's last day. Cut P-Card in half & mail to P-Card Administrator.

I certify that no unauthorized purchases have been made by myself or anyone known to me.

My last authorized charge was the following:

Date: _____ Amount: _____ Merchant: _____

P-Cardholder Signature ► _____ Date _____

Dean Signature ► _____ Date _____

Other Information: To be completed by the P-Card Administrator:

Date completed _____ Notified: _____ Date notified: _____