

PCard Account Maintenance Form

Please indicate type of PCard: Individual Department

Card Information:

Name on Card: _____

Bank of America Account Number (last 4 digits): XXXX- _____

Place a check next to each requested change(s):

Increase/Decrease **monthly credit limit** from \$ _____ to \$ _____
If an increase, write a brief email justification attached with this form.

Department Card – If your department requests a monthly limit of over \$1000 you must have your Vice President’s or Dean’s signature on this Maintenance Form.
Vice President or Dean’s Signature/Date X: _____

Increase/Decrease **single transaction limit** from \$ _____ to \$ _____

Increase/Decrease **daily transaction limit** from \$ _____ to \$ _____
If an increase, write a brief email justification attached with this form.

Change Card Name to: _____
(As it will appear on card, including middle initial (only for individual) maximum 24 characters.)

Change Card manager
From: _____ To: _____

Change Card Approver
From: _____ To: _____

Change Card Reconciler
From: _____ To: _____

Change Email address from: _____ To: _____

Individuals Changing Departments from: _____ To: _____

** Complete a “Cardholder Application” along with this form, submitting them together – **card number will remain the same** **

Issue card replacement due to: lost card stolen card not received
(check one) embossing error damaged other _____

Account Closure/Cancellation (effective immediately)
Reason: _____
(retiring, card no longer needed, no longer LCSC employee, changing positions within LCSC)

I certify that no unauthorized purchases that could be considered misappropriation of State funds have been made by myself or anyone known to me as of _____ (date card was last used)

X _____ X _____
Cardholder Signature/Date Supervisor Signature/Date

For Purchasing Only

Agency Purchasing Card Administrator Signature/Date X: _____

Processed By/Date: _____