



# University of Dayton Pcard Cardholder Account Maintenance Request

Appendix C  
Effective: 9/20/02

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Type of Request:**

- Cancel Card
- Default Account Code Change
- Department Change \*\*
- Single Transaction Limit Change
- Spending Limit Per Month Change
- Number of Purchases Allowed Change
- Merchant Blocking Change – Please initial to acknowledge that this is an exception to the Policy and Procedures. \_\_\_\_\_
- Cardholder Name Change \*
- Campus Address Change
- Phone Number Change
- Card Administrator Change
- Department Contact Change

\* Will result in cancellation of card and issuance of a new card with updated information

\*\* Will result in cancellation of card. A new application must be submitted and new card issued.

Explanation of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Return completed request to the Pcard Program Coordinator at: St. Mary's 304, +1640