



1252.1.2f - UNC-CH Purchasing Card Cardholder Account Maintenance Form

Use this form to request changes to existing account information.

Cardholder Name: _____

Department: _____

Date: _____

Last Eight Digits of Credit Card #:

Type of Request

- a. Cancel Card Account *
- b. Change Default Chartfield String** - From: _____ - _____ - _____ - _____ - _____
Bus. Unit Fund Source Account Dept.ID
 To: _____ - _____ - _____ - _____ - _____
Bus. Unit Fund Source Account Dept.ID
- c. Credit Limit Change - From: _____ To: _____
- d. Change Reconciler - From: _____
 To: _____
- e. Change Campus Address - From: _____ To: _____
- f. Other: _____

***Will result in cancellation of card. New cardholder agreement must be submitted for a new card.**

**** Requires approval of Accounting Services.**

Cardholder Signature _____

Business Manager/Department Head Signature _____

Please fax to P-Card Officer, fax # 962-0636