

Purchasing Card Account Maintenance Form

Date of request: _____

Cardholder Name: _____ Phone: _____

Department: _____ Email: _____

TYPE OF REQUEST

Cancel Card (Please check reason)

If cardholder is a Reviewer or Updater, please complete separate Reviewer and Updater Access Request forms to cancel access.

- Employee separated employment
- Employee switched departments
- Employee no longer needs card
- Employee terminated
- Retirement
- Other _____

This area for Procurement & Supply use only.
 Account # (last 4 digits): _____
 Changed/CNCL in Bank's System
 Changed/CNCL in PCMS
 Changed/Removed from listserv
 Changed/Removed from Ind. Reviewer List
 Added Cancellation Justification
 Change in database – Account List
 Change in database – CH w/Reviewer Info
 Date Completed _____
 Scanned/Changed in Optix

Temporary Account Cancellation: Suspend Card Reactivate Card

Reason: _____

Default Account Change _____

Monthly Credit Limit Change* _____

For temporary increase, please forward new account maintenance form when reduction is desired.

Single Purchase Limit Change* _____

Department Change **

Cardholder Name Change _____

Campus Address Change _____

Address Change Line 2 _____

Phone Number Change _____

Request Replacement Card Due to Damaged Plastic or Magnetic Strip

* Requires approval of Department Head (no designees).

**Will result in cancellation of card. A new cardholder agreement form must be submitted.

Cardholder Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

(No Designees)

Once completed, send this request to the Delegated Procurement Team, Department of Procurement and Supply, via campus mail 2113R Chesapeake Building, fax (301) 314-1352 or email pcard@umd.edu.

Date processed _____ Initials _____
 Date edited _____ Initials _____