# Purchasing Card Account Maintenance Form

Complete and send form to the Delegated Procurement Team via fax to (301) 314-1352 or email to pcard@umd.edu.

**Date of request:** ________________
**Cardholder Name:** ________________
**Department:** ________________
**Phone:** ________________
**Email:** ________________

## A. Cardholder Controls - *Requires approval of Department Head.*

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

- [ ] Monthly Credit Limit Change ________________
- [ ] Single Purchase Limit Change ________________

## B. 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 terminated
- [ ] Retirement
- [ ] Employee switched departments
- [ ] Employee no longer needs card
- [ ] Fraud/Misuse
- [ ] Other

**Temporary Account Cancellation:**

- [ ] Suspend Card
- [ ] Reactivate Card

**Reason:**

- [ ] Department Change: *Will result in cancellation of card. A new Cardholder Agreement form must be submitted.*

## C. Request Replacement Card

- [ ] Cardholder Name Change ________________
- [ ] Due to Damaged Plastic or Magnetic Strip

## D. Default Account Change

- [ ] New Account Number

**Complete justification for Assignment of Contract or Grant Account to a Purchasing Card form for accounts 01-4300000 to 01-4339999, 01-4450000 to 01-4459999, or 01-5200000 to 01-5299999

## E. Cardholder Information Changes

- [ ] Statement Mailing Address
- [ ] Address Line 1: Department Name ________________
- [ ] Address Line 2: Business Address ________________
- [ ] Phone Number Change ________________
- [ ] Email Address Change ________________

## F. Approvals

**Cardholder**

- **Signature:** ________________
- **Date:** ________________

**Reviewer**

- **Signature:** ________________
- **Date:** ________________

**Department Head (No Designees)**

- **Signature:** ________________
- **Date:** ________________

**Office of Contract & Grant Accounting**

- **Signature:** ________________
- **Date:** ________________

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