



WSSU

CARDHOLDER ACCOUNT INFORMATION CHANGE FORM

(Use This Form to Request Changes to Existing Account Information)

Cardholder Name: _____ Date _____

Department _____ Last 4 Digits of Credit Card Number _____

Type of Request

- Cancel P-Card Account
- Change Campus Address From _____ To _____
- Credit Limit Change:
 - Single Transaction Limit From _____ To _____
 - Daily Transaction Limit From _____ To _____
 - Monthly Credit Limit From _____ To _____
- Change Telephone # From _____ To _____
- Change E-mail Address From _____ To _____
- Fund Number(s) – Add/Delete Add _____ Delete _____
- Other Change From _____ To _____

Reason For Change (use additional sheet if necessary) _____

Date

Signature of Cardholder

Date

Signature of Department Head

Date

Printed Name of Department Head

Date

Signature of Vice-Chancellor/Provost/Chancellor

**(whichever is applicable)
(Required ONLY when Cardholder is the Department Head)**

Forward original to P-Card Administrator, 1604-B Lowery Street, Rm 116 or 114