

# Purchasing Card Account Maintenance Form

Complete and send form to the Delegated Procurement Team via fax to (301) 314-9565 or email to pcard@umd.edu.

Date of request: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_ Email: \_\_\_\_\_

<b>A. Cardholder Controls - *Requires approval of Department Head.</b>	
<i>For temporary increase, please forward new account maintenance form when reduction is desired.</i>	
<input type="checkbox"/> Monthly Credit Limit Change _____ <input type="checkbox"/> Single Purchase Limit Change _____	
<b>B. Cancel Card - Please check reason</b>	
<i>If cardholder is a Reviewer or Updater, please complete separate <a href="#">Reviewer</a> and <a href="#">Updater</a> Access Request forms to cancel access.</i>	
<input type="checkbox"/> Employee separated employment <input type="checkbox"/> Employee terminated <input type="checkbox"/> Retirement <input type="checkbox"/> Employee switched departments <input type="checkbox"/> Employee no longer needs card <input type="checkbox"/> Fraud/Misuse <input type="checkbox"/> Other _____ <input type="checkbox"/> Temporary Account Cancellation: <input type="checkbox"/> Suspend Card <input type="checkbox"/> Reactivate Card Reason: _____ <input type="checkbox"/> Department Change: <i>Will result in cancellation of card. A new <a href="#">Cardholder Agreement</a> form must be submitted.</i>	
<b>C. Request Replacement Card</b>	
<input type="checkbox"/> Cardholder Name Change _____ <input type="checkbox"/> Due to Damaged Plastic or Magnetic Strip	
<b>D. Default Account Change</b>	
<input type="checkbox"/> New Account Number _____ <i>**Complete <a href="#">Justification for Assignment of Contract or Grant Account to a Purchasing Card form</a> for accounts 01-4300000 to 01-4339999, 01-4450000 to 01-4459999, or 01-5200000 to 01-5299999</i>	
<b>E. Cardholder Information Changes</b>	
<input type="checkbox"/> Statement Mailing Address <input type="checkbox"/> Address Line 1: Department Name _____ <input type="checkbox"/> Address Line 2: Business Address _____ <input type="checkbox"/> Phone Number Change _____ <input type="checkbox"/> Email Address Change _____	
<b>F. Approvals</b>	
<b>Cardholder</b>	<b>Signature:</b> _____ <b>Date:</b> _____
<b>Reviewer</b>	<b>Signature:</b> _____ <b>Date:</b> _____
<b>Department Head (No Designees)</b>	<b>Signature:</b> _____ <b>Date:</b> _____
<b>Office of Contract &amp; Grant Accounting</b>	<b>Signature:</b> _____ <b>Date:</b> _____

Revised 08-2016

This area for Delegated Procurement Team use only.		Date Completed _____	Date Edited _____
<input type="checkbox"/> Changed/CNCL in Bank's System	<input type="checkbox"/> Changed/CNCL in PCMS	<input type="checkbox"/> Changed/Removed from listserv	<input type="checkbox"/> Change in database – CH w/Reviewer Info
<input type="checkbox"/> Added Cancellation Justification	<input type="checkbox"/> Change in database – Account List	<input type="checkbox"/> Scanned/Changed in Optix	
<input type="checkbox"/> OCGA Signature Needed			