# **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.

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| --- | --- | --- | --- |
| Date of request: |       | UID: |        |
| Cardholder Name: |        | Phone: |       |
| Department:  |       | Email: |       |

|  |
| --- |
| 1. **Cardholder Controls - \*Requires approval of Department Head.**
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| *For temporary increase, please forward new account maintenance form when reduction is desired.*

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

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| 1. **Cancel Card - Please check reason**
 |
| *If cardholder is a Reviewer or Updater, please complete separate* [*Reviewer*](http://www.purchase.umd.edu/general/forms/reviewer.doc) *and* [*Updater*](http://www.purchase.umd.edu/general/forms/updateraccess.doc) *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*](http://www.purchase.umd.edu/general/forms/cardholderagrmt.doc) *form must be submitted.* |

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| 1. **Request Replacement Card**
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| [ ]  Cardholder Name Change |       |  |
| [ ]  Due to Damaged Plastic or Magnetic Strip |

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| 1. **Default Account Change**
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| --- | --- | --- |
| [ ]  New Account Number |       |  |

*\*\*Complete* [*Justification for Assignment of Contract or Grant Account to a Purchasing Card form*](http://www.purchase.umd.edu/general/forms/OCGAJustification.doc) *for accounts 01-4300000 to 01-4339999, 01-4450000 to 01-4459999, or 01-5200000 to 01-5299999* |
| 1. **Cardholder Information Changes**
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| --- |
| [ ]  Statement Mailing Address |
| [ ]  Address Line 1: Department Name |       |
| [ ]  Address Line 2: Business Address |       |
| [ ]  Phone Number Change |       |  |
| [ ]  Email Address Change |       |  |

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| 1. **Approvals**
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| **Cardholder** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reviewer** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Department Head****(No Designees)** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Office of Contract & Grant Accounting** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |