

PROCARD MAINTENANCE REQUEST FORM

Name: _____

Card Number: _____ (last 4 digits)

Date: _____

Type of Request:

Cancel Card/Close Account
Default Account Code Change
Department Change**

Cardholder Name Change*
Address Change
Monthly Credit Limit Change

*Will result in cancellation of card and issuance of a new card with updated information.

**Will result in cancellation of card. A new TTU / Foundation Procard Request must be completed.

THE VISA CARD SHOULD BE CUT IN HALF AND RETURNED WITH THIS FORM FOR ALL CLOSED AND CANCELED CARDS. FORM SHOULD BE MAILED TO THE PROGRAM ADMINISTRATOR, TTU BOX 5041.

Explanation of Request:

Cardholder Signature: _____

Department: _____

Departmental Representative: _____

Approved by (Dean/Administrative Officer)

Date