

PROCARD MAINTENANCE REQUEST FORM**Name:** _____**Card Number:** _____ (last 6 digits)**Date:** _____**Type of Request:**

Cancel Card/Close Account

Cardholder Name Change*

Default Account Code Change

Address Change

Department Change**

Monthly Credit Limit Change:

(State amount requested) \$ _____

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

**Will result in cancellation of card. A new TTU 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, BOX 5041.**Explanation of Request:****Cardholder Signature:** _____**Department:** _____**Departmental Representative:** __________
Approved by (Dean/Administrative Officer)_____
Date