

COMPLETE INFORMATION IS REQUIRED EXCEPT WHERE NOTED AS OPTIONAL

TO CHANGE INFORMATION ON AN EXISTING CARD:

- 1. Indicate Type of Request
- 2. Fill in card account number _____
- 3. Fill in current name on card: _____

First Name Middle Initial

Last Name

- 4. Complete all fields for a new card or fields to be changed on an existing card

CARD INFORMATION:

First Name (up to 12 characters) (Embossed on card) Middle Initial

Last Name (up to 20 characters) (Embossed on card)

University Identification number (with no dashes or spaces) - **REQUIRED**

Account Name / Organizational Unit / Department / College (up to 19 characters)
(User defined – embossed below cardholder name)

FOAPAL – Index (Accounting Code)
(Appears in Statement Billing File & EDI transmissions)

Business Address (up to 36 characters)

City (up to 25 characters)

State (2 characters) Zip (5 characters) Zip Expansion (4 characters)

Monthly Credit Limit

Single Transaction Limit

Home Phone (10 characters)

University Phone (10 characters)
REQUIRED

TYPE OF REQUEST:

- A. New Account
 - Plastic
 - No Plastic
- B. Address Change
- C. Account Code Change
- D. Account Closure
- E. Name Change
- F. Monthly Transaction \$ Limit
- G. Single Transaction \$ Limit
- H. Other

AUTHORIZATION:

Cardholder / Employee Signature
REQUIRED

Email Address

Date - **REQUIRED**

Department Head – Typed or Printed

Department Head Signature - **REQUIRED**

Date - **REQUIRED**

Department Card Manager Email Address
REQUIRED

Card Manager Signature - **REQUIRED**

Date - **REQUIRED**

Card Manager USU ID # - **REQUIRED**