# **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](mailto:pcard@umd.edu).

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

|  |  |
| --- | --- |
| 1. **Cardholder Controls - \*Requires approval of Department Head.** | |
| *For temporary increase, please forward new account maintenance form when reduction is desired.*   |  |  |  | | --- | --- | --- | | Monthly Credit Limit Change |  |  | | Single Purchase Limit Change |  |  | | |
| 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.* | | | | | | | |
| 1. **Request Replacement Card** | |
| |  |  |  | | --- | --- | --- | | Cardholder Name Change |  |  | | Due to Damaged Plastic or Magnetic Strip | | | | |
| 1. **Default Account Change** | |
| |  |  |  | | --- | --- | --- | | 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** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Statement Mailing Address | | | | | | Address Line 1: Department Name | |  | | | | Address Line 2: Business Address | |  | | | | Phone Number Change |  | |  | | | Email Address Change |  | | |  | | |
| 1. **Approvals** | |
| **Cardholder** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reviewer** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Department Head**  **(No Designees)** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Office of Contract & Grant Accounting** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |