

# MOUNT HOLYOKE

## PURCHASING CARD PROGRAM CHANGE/CANCELLATION FORM

Cardholder Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Visa Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Complete this Section for Change Request

**Check Requested Change and complete appropriate information below. In addition, if you are requesting an increase in any of the "Limit" categories please complete the Reason for Increase Request on the reverse of this form.**

- Default Account Number \_\_\_\_\_  
Company Accounting Unit Account Sub-Account Activity
- Campus Address Change: \_\_\_\_\_  
Department Room # Building
- Single Purchase Limit Increase To: \_\_\_\_\_ Decrease To: \_\_\_\_\_
- Number of Purchases Allowed Per Day Increase To: \_\_\_\_\_ Decrease To: \_\_\_\_\_
- Spending Limit Per Month Increase To: \_\_\_\_\_ Decrease To: \_\_\_\_\_
- Number of Purchases Per Month Increase To: \_\_\_\_\_ Decrease To: \_\_\_\_\_
- Grant Account Expiration Date Change - Revised Expiration Date: \_\_\_\_\_
- Other \_\_\_\_\_

### Complete this Section for Cancellation Request

#### Check Reason for Cancellation

- Position Change
- Termination of Employment including Retirement Date of Termination: \_\_\_\_\_
- Other \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed By Program Administrator

Date Request Received: \_\_\_\_\_ Date Change Sent to Paymentech: \_\_\_\_\_

**REASON FOR INCREASE REQUEST**

**Single Purchase Limit:** \_\_\_\_\_

---

---

---

**Number of Purchases Allowed Per Day:** \_\_\_\_\_

---

---

---

**Spending Limit Per Month:** \_\_\_\_\_

---

---

---

**Number of Purchases Per Month:** \_\_\_\_\_

---

---

---