

Mississippi Valley State University

Account Maintenance Form

Cardholder Information:

MISSISSIPPI VALLEY STATE UNIVERSITY

Cardholder Name: _____

Cardholder Account Number: 4 7 1 5 - _X_ _X_ _X_ _X_ - _X_ _X_ _X_ _X_ - _ _ _ _ _

Please indicate requested change(s):

Change control restriction as follows:

Increase/Decrease Spending Authority: \$ _____ to \$ _____ Increase Decrease

Increase/Decrease Spend Amount limit from: \$ _____ to \$ _____

Increase/Decrease single transaction limit from: \$ _____ to \$ _____

Accept the following Merchant Category Codes currently blocked:

Block the following Merchant Category Codes currently accepted:

Other: _____

Card Holder Signature: _____

Change address to: _____

Change E-Mail address to: _____

Change Accounting/Dept. Code to: _____
(maximum 22 characters)

Change Reporting Unit from _____ to _____.

Issue card replacement due to:
 lost card stolen card not received
 embossing error damaged other _____

Account Closure/Cancellation (effective immediately)
Reason: _____

I certify that no unauthorized purchases that could be considered misappropriation of State funds have been made by myself or anyone known to me as of _____ (Date card was last used)

X _____
P-Card Account **Date**

X _____
P-Card Administrator **Date**

Vice President for Business and Finance **Date**
Refer to Approval Schedule

President Office **Date**
Refer to Approval Schedule

White: Purchasing
Canary: Accountant
Pink: Department

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