

Mississippi Valley State University

PROCUREMENT CARD SERVICES PROGRAM CARDHOLDER ACCOUNT CLOSURE REQUEST FORM

SECTION I INSTRUCTIONS

1. To close an account, complete all sections below.
2. Maintain a copy in the Cardholder and Agency Program Coordinator's files.
3. Mail completed form to: Mississippi Valley State University
MVSU #7244
14000 Hwy 82-W
Itta Bena, MS 38941-1400

SECTION II TYPE OF REQUEST

- SUSPENSION
- 30 DAYS
 60 DAYS
 90 DAYS
- CANCELLED
- LOST
 STOLEN
 TERMINATE CARD

SECTION III DEPARTMENT INFORMATION (Please Print)

SECTION IV REASON FOR REQUEST

EXPLANATIONS: _____

Department/Agency Name (maximum 21 characters) _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____

SECTION V CARDHOLDER'S INFORMATION (Please Print)

Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)
Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)
Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)
Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)
Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)
Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)
Account Number (Last six digits)	First Name	Last Name	SS Number (Last four digits)

SECTION VI AGENCY PROGRAM

COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER

Approving Department Coordinator's Name (printed) _____ Email Address _____

Approving Department Coordinator's Signature _____ Date _____

Department Telephone Number _____ Extension _____ Fax Number _____

Procurement Card Administrator Date

White Copy Purchasing
 Canary Copy Card Administrator
 Pink Copy Department