



WSSU

ACCOUNTHOLDER INFORMATION CHANGE FORM

(Use This Form to Request Changes to Existing Account Information)

Accountholder Name: _____ Date _____

Department _____ Last 4 Digits of Credit Card Number _____

Type of Request

Cancel P-Card Account

Change Campus Address From _____ To _____

Credit Limit Change:

Single Transaction Limit	From _____	To _____
Daily Transaction Limit	From _____	To _____
Monthly Credit Limit	From _____	To _____

Change Telephone # From _____ To _____

Change E-mail Address From _____ To _____

Fund Number(s) – Add/Delete Add _____ Delete _____

Other Change From _____ To _____

Reason For Change (use additional sheet if necessary) _____

Date

Signature of Accountholder

Date

Signature of Department Head

Date

Printed Name of Department Head

Date

Signature of Vice-Chancellor/Provost/Chancellor
(whichever is applicable)
(Required ONLY when Accountholder is the Department Head)

E-mail to the P-Card Administrator