

**CARDHOLDER INFORMATION**

Name on Pcard: _____	
Last 4 digits card #:	Department: _____
Office Phone: _____	Banner ID: _____

**CARD CHANGES (Select requested change type.)**

<input type="checkbox"/> Change monthly credit limit <input type="checkbox"/> Change in MCC groups on card profile	<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <i>Explain credit limit and MCC requests:</i> </div>
<i>Pcard must be issued under legal name. Card embossing has 21 character maximum.</i>	
<input type="checkbox"/> Change name on account to _____ <input type="checkbox"/> Change email address to _____	<i>Must be a Kent State University email.</i>

**RECONCILER/APPROVER CHANGES (Select requested change type.)**

<input type="checkbox"/> Remove reconciler:	Name: _____	
<input type="checkbox"/> Add reconciler:	Name: _____	
	Email address: _____	
<input type="checkbox"/> Remove approver:	Name: _____	
<input type="checkbox"/> Add approver:	Name: _____	
	Email address: _____	

**CARD REPLACEMENT REQUEST (Select one.)**

Lost/Stolen     
  Embossing error     
  Damaged

**ACCOUNT CLOSURE/CANCELLATION - Effective immediately**

Reason for closure: \_\_\_\_\_

Pcard transactions have been reconciled through (date): \_\_\_\_\_

Name and title of person requesting closure (if not cardholder) \_\_\_\_\_

- Changes to credit limits, MCC groups, and reconcilers/approvers require department head and dean/chair approval  
 - Credit limits >\$25k and changes to MCC groups require executive level approval.  
 - Account closures can be requested by the cardholder, department head, dean/chair, or executive level approver

**SIGNATURES**

Cardholder:	Signature	Date
Department Head:	Signature	Date
Dean/Chair:	Signature	Date
Vice President/Provost:	Signature	Date