



Western Carolina University PCard Account Maintenance Request

Name:
Department:
PCard# (last 4 digits only): ____ ____ ____ ____

Type of Request

<input type="checkbox"/> Cancel Card Account <small>*Will result in cancellation of card. New cardholder application must be submitted for a new card</small>	
<input type="checkbox"/> Change Default Fund	From: _____ To: _____
<input type="checkbox"/> Add Fund(s) <small>*Accountable Officer/Designee signature required</small>	_____; _____; _____; _____; _____; _____; _____; _____
<input type="checkbox"/> Delete Fund (s)	_____; _____; _____; _____; _____; _____; _____; _____
<input type="checkbox"/> Credit Limit Change <small>*Approving Supervisor signature required</small>	To: _____

*Will result in cancellation of card. New cardholder application must be submitted for a new card.

*Accountable Officer/Designee signature required.

*Approving Supervisor signature required.

Signatures required

Cardholder name (print):
Cardholder signature:
Approving Supervisor (print):
Approving Supervisor signature: