

PCard Update Form – Account Closure

Requestor Information:

Name: _____

Phone: _____

Cardholder Information:

Name: _____

Department: _____

Phone: _____

Employee ID: _____

Last 10 Digits of Card: _____



Please close this account.

Once this form is received, the PCard will be closed in the bank. ***Please shred this PCard.*** This action is final and the account cannot be reopened. However, credits can be posted to a closed account. The PCard will continue to be available in the reallocation system until the next statement date. Please retain all documentation associated with this card for audit purposes. Thank you for your participation in the PCard Program and your continued effort to protect the University.

I confirm that I am the Cardholder or Authorized Supervisor.

Name of Cardholder or Authorized Supervisor: _____

Signature: _____ Date: _____