

PCard Update Form – Account Closure

Contact Information for Requestor:

Name: _____
Department: _____
Phone: _____

Cardholder Information:

Name: _____
Department: _____
Phone: _____
Employee ID: _____
Last 10 Digits of Card: _____

Once we receive the cancellation form the P-Card will be closed in the bank. **Please shred the PCard.** This action is final and the account cannot be reopened, however, credits can be posted to a closed account. The card will continue to be available in the reallocation system until the next statement date. Please retain all records in relation to this card for auditing purposes. Thank you for your participation in the MasterCard Purchasing Card Program and your continued effort to protect the University.

Please Close this Account.



By signing this agreement I confirm that I am the Cardholder or Authorized Supervisor.

Name: _____
(Please Print)

**Approved By: _____ Date: _____
(Signed by Cardholder or Authorized Supervisor)