



PCard Update Form – Change Cardholder Information

Cardholder Information:

Name: _____

Department: _____

Phone: _____

Employee ID: _____

Last 10 Digits of Card: _____

New Cardholder Departmental Office Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Provide a brief explanation as to why you are changing your address: _____

*PCards are NOT transferrable. If you are transferring departments, please complete an account closure form and re-apply for a new PCard under the new department.

New Statement Mailing Address: (Primary Reallocator Address)

Street Address: _____

City: _____ State: _____ Zip: _____

Provide a brief explanation as to why you are changing your address: _____

New Cardholder Information (Legal Name Change)

Name: _____

Phone: _____ Email: _____

*If you are changing your legal name, a new purchasing card reflecting your new will be ordered and delivered to your departments address, in 6-8 business days.

I confirm that all the information stated is current and accurate.

Name of Cardholder or Account Executive: _____

Signature: _____ Date: _____