



**PCard Update Form – Change Cardholder Information**

Cardholder Information:

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Last 10 Digits of Card: \_\_\_\_\_

***Please only complete the applicable section:***

• **New Cardholder Address:**

Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Please note why you are changing your address: \_\_\_\_\_

*\*Please note that a PCard is NOT transferrable. If you are transferring departments and require a PCard in your new department, 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 and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

• **New Cardholder Information (Legal Name Change)**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*\*Please note that if you are changing your legal name, a new purchasing card reflecting the new name will be ordered and delivered to your office, at the address you specify above, in 6-8 business days.*

I have reviewed the above information and agree that all the information stated is current and accurate.

Name: \_\_\_\_\_  
(Please Print)

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