

# Auburn University

## Purchasing Card Account Maintenance Form

**TYPE OF REQUEST:** Delete Account - **Enclose Card**  
Change Existing Account

**ACCOUNT INFORMATION CHANGED:**

Name	Address	Department
Monthly Credit Limit	Single Transaction Limit	
Other	_____	

---

**CARDHOLDER INFORMATION:**

Please complete only the appropriate spaces below to indicate change(s) needed.

---

First Name	Middle Initial	Last Name (Total of 24 Characters)
------------	----------------	------------------------------------

---

Banner ID Number	Purchasing Card Number (last four digits only)
------------------	--

---

Department Name	Business Phone Number (10 digits)
-----------------	-----------------------------------

---

Campus Address

---

City	State	Zip (10 Digits)
------	-------	-----------------

**LIMITS**

---

Monthly Credit Limit	Single Transaction Limit
----------------------	--------------------------

---

Employee's Signature	Date
----------------------	------

---

Dean/Director/Department Head's Signature	Date
---	------

---

PBS Program Administrator's Signature	Date
---------------------------------------	------

After completion and approvals, send completed form to Procurement and Business Services, 212 Ingram Hall, or you can send e-mail ([aupcard@auburn.edu](mailto:aupcard@auburn.edu)) or fax (4-3636).