



1252.1.2F UNC-CH Purchasing Card

Account Maintenance Form

For maintenance requests including **SECTION d**, send completed form to your **Access Request Coordinator (ARC)**.

For all other maintenance requests (a, b, c, e, & f), send completed form directly to pcard@unc.edu.

Accountholder Name: _____ Date: _____

Department: _____ Last Four Digits of Credit Card #:

Type of Request (check all that apply)

a. CANCEL CARD ACCOUNT (a new Accountholder Agreement must be submitted to obtain a new card)

b. CHANGE DEFAULT CHARTFIELD STRING (confirm validity and budget of new CFS requested)

From: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____
 Bus. Unit Fund Source Dept. Program CC 1 CC 2 CC 3

To: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____
 Bus. Unit Fund Source Dept. Program CC 1 CC 2 CC 3

c. CHANGE CREDIT LIMIT(S)

Monthly Credit Limit (\$5,000, \$10,000, \$25,000, \$35,000, or \$50,000) Single Transaction Limit (\$500, \$2,500, or \$5,000)

From: \$ _____ To: \$ _____ From: \$ _____ To: \$ _____

d. UPDATE GROUP OFFICIALS (if additional space is needed, submit attachment with required information)

Group Approver (new Group Approvers must complete required training)

Add Name: _____ ONYEN _____

Bus. Email: _____

Delete Name: _____

Group Proxy Reconciler (new Group Proxy Reconcilers must complete required training)

Add Name: _____ ONYEN _____

Bus. Email: _____

Delete Name: _____

Scoped Auditor

Add Name: _____ ONYEN _____

Bus. Email: _____

Delete Name: _____

e. CHANGE CAMPUS MAILING ADDRESS

From: _____ To: _____

f. OTHER (please specify): _____

Accountholder Signature _____

Bus Mgr./Dept. Head Signature _____