# Western Carolina University

## P-Card Account Maintenance Request

**Name:**

**Department:**

**P-Card# (last 4 digits only): ____ ____ ____ ____**

### Type of Request

- [ ] Cancel Card Account
- [ ] Change Default Fund
  - From: _______________ To: _______________
- [ ] Add Fund(s)
  - _____; _____; _____; _____;
  - _____; _____; _____; _____;
- [ ] Delete Fund(s)
  - _____; _____; _____; _____;
  - _____; _____; _____; _____;
- [ ] Credit Limit Change
  - From: _______________ To: _______________
- [ ] Other Change
  - Explain: 

  *Will result in cancellation of card. New cardholder application must be submitted for a new card.*

### Explanation of Request:

_____________________________________________________________________________________

_____________________________________________________________________________________

### Signatures required

**Cardholder name (print):**

**Cardholder signature:**

**Department Head/Accountable Officer (print):**

**Department Head/Accountable signature:**

**P-Card Manager signature:**

**Date:**