



## Western Carolina University TCard Account Maintenance Request

<b>Name:</b>
<b>Department:</b>
<b>TCard# (last 4 digits only):</b> ____ ____ ____ ____

### Type of Request

<input type="checkbox"/> <b>Cancel Card Account</b> <small>*Will result in cancellation of card. New cardholder application must be submitted for a new card</small>	
<input type="checkbox"/> <b>Change Default Fund</b>	From: _____ To: _____
<input type="checkbox"/> <b>Add Fund(s)</b> <small>*Accountable Officer/Designee signature required</small>	_____; _____; _____; _____; _____; _____; _____; _____;
<input type="checkbox"/> <b>Delete Fund (s)</b>	_____; _____; _____; _____; _____; _____; _____; _____;
<input type="checkbox"/> <b>Credit Limit Change</b> <small>*Approving Supervisor signature required</small>	From: _____ To: _____

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

\*Accountable Officer/Designee signature required.

\*Approving Supervisor signature required.

### Signatures required

Cardholder name (print):
Cardholder signature:
Approving Supervisor (print):
Approving Supervisor signature: