



PCARD CARDHOLDER CHANGE/CARD TRANSFER REQUEST

Scan & email the completed form to: pcards@richmond.edu

Has the employee ever had a University of Richmond credit card: ___ Yes ___ No

CARD INFORMATION

Card Issued in the Name of: _____ Extension: _____
Card ending in (last 4-digits only): _____
Reason for change: _____

REQUEST FOR CHANGE TO CARDHOLDER INFORMATION FOR DEPARTMENT PCARD

Employee Status: ___ Full-Time ___ Permanent Part-Time ___ Floater
UR ID: _____ UR Email: _____
Last Name: _____ First Name: _____
Job Title: _____ Work Phone: _____ Cell Phone: _____
*Unique 4-digit Number (password) _____ *Mother's Maiden Name _____
J P Morgan will require this information if you contact them for assistance

REQUEST TO TRANSFER INDIVIDUAL PCARD TO NEW DEPARTMENT

New Department Name: _____
Allocator (Printed): _____ Allocator Signature: _____
New Default Index: _____ New Default Account: _____
Additional Indices to Add (if 10 or more, please list in a spreadsheet and include Banner name/description):

Please list all old indices to be removed (if 10 or more, please list in a spreadsheet and include Banner name/description):

AUTHORIZATION BY APPROVER REQUIRED FOR ALL REQUESTS

Cardholder Signature: _____ Date: _____
Approver (Printed): _____ Title: _____
Approver Signature: _____ Date: _____

PCard Administrator Signature: _____ Date: _____