Purdue Research Foundation Commercial Card Change to Account Form

☐ Change ☐ Delete/Close ☐ Lost/Stolen

Master Card Account Number: XXXX-XXXX-XXXX - _ _ _ _

Cardholder Name: _____

Department: _____

PRF Discretionary Account #:_____

Areas for change: *(only complete fields below to be changed)*

Credit Limit Changes:

Credit Limit Per Cycle From: $ _____ To: $ _____

Single Purchase Limits From: $ _____ To: $ _____

Length of Time From: _____ (month/day) To: _____ (month/day)

Describe why this increase is necessary:_____

Miscellaneous Changes:

Responsible Person Name and Email Address:

_____

Reconciler Name and Email Address: _____

JP Morgan **requires** the information below for authentication purposes when inquiring about dept. cards:

Faculty Named Card information or Responsible Person information: Email Address_____
Office Phone Number (__) _ _ _ -_ _ _ _Access Code #1 (last 4 of SSN) __ __ __ __Birth Date ___/___/___

Two Authorized Approvals

Business Manager: _____ Date: _____
(Recommending)

Dean, Director, or
Department Head: _____ Date: _____
(Approving)

PRF Credit Card
Manager: _____ Date: _____
(Acknowledge Receipt)

Completed forms should be emailed to creditcardactivity@prf.org, or shared with SAryal@prf.org through the Purdue University File Locker.