

WVU Research Corporation
Corporate Pcard
Cardholder Maintenance Form
(Please Print or Type)

COMPLETE THIS FORM TO MODIFY CREDIT CARD INFORMATION OR CANCEL PCARD.

Cardholder's Name _____ Employee # _____
As Printed on Current Card

Last Six Digits of Credit Card Number _____

I. NAME CHANGE

Print New Name As It Should Appear on Card _____

II. CREDIT CARD LIMIT ADJUSTMENTS

Approved Credit Card Limit From: \$ _____ To: \$ _____

Approved Single Transaction Limit From: \$ _____ To: \$ _____

Approved # of Transactions per Day From: # _____ To: # _____

Approved # of Transactions per Month From: # _____ To: # _____

III. CANCEL CARD

For lost or stolen cards, please contact JP Morgan Chase Bank, NA at 1-800-316-6056

Reason for cancellation (select one):

Lost/Stolen _____ Not needed _____ Employment Terminated _____ Other _____

SIGNATURES REQUIRED

Cardholder Signature _____ Date _____

Authorized Budget Officer Signature _____ Date _____

FORWARD COMPLETED APPLICATION TO:

WVU Pcard ADMINISTRATION
1 WFP, 3RD FL, PO BOX 6024
MORGANTOWN, WV 26506-6024