**CREDIT CARD MAINTENANCE FORM**

*Please complete this form and email it to Accounts Payable at:* [*credit.cards@emory.edu*](mailto:credit.cards@emory.edu)

Check the appropriate box for the credit card maintenance item that you need.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** | | |  | | | | | | | | **Select the type of Credit Card:** | | | | |
| **TITLE:** | | |  | | | | | | | |  | Corporate Credit Card | | | |
| **DATE:** | | |  | | | | | | | |  | Purchasing Card -PCard | | | |
|  | **CLOSE THE CARD: Temp Hold? or Perm** | | | | | |  | **TRANSFER THE CREDIT CARD** | | | | | | |
|  | **Cardholder’s Name** | | |  | | | | | | | | | | |
|  | **Close Reason** | | | Will the card be replaced?  Yes  No | | | **The Cardholder is Transferring departments** | | | | | | | |
|  | Employment Terminated | | | Date of Transfer | | | |  | | | |
|  | Lost/Stolen/Damaged Card | | | From Department (#) | | | |  | | | |
|  | Name Changed | | | To Department (#) | | | |  | | | |
|  | No longer need Card | | | Comments | | | |  | | | |
|  | *Note: Once the card is closed, it cannot be reopened.* | | | | | | | | | | | | | |
|  | **REACTIVATE THE CREDIT CARD** | | | | | | | | | | | | | |
|  | **Please reactivate a suspended credit card for:** | | | | | | | | | | | | | |
|  | **Cardholder’s Name** | | |  | | | | | | | | | | |
|  | **Reason** | | | Balance has been paid in full | | | | | Reactivation Date: | | | |  | |
|  | *Note: The balance must be paid in full before the card is eligible for reactivation. Corporate Credit Cards with a B1 status will automatically be reactivated when a payment is made.* | | | | | | | | | | | | | |
|  | **REPLACE THE CREDIT CARD** | | | | | | | | | | | | | |
|  | **Please order a replacement credit card for:** | | | | | | | | | | | | | |
|  | **Cardholder’s Name** | | |  | | | | | | | | | | |
|  | Mailing Address | | |  | | | | | | | | | | |
|  | Street Address | | |  | | | | | | | | | | |
|  | City, State, Zip Code | | |  | | | | | | | | | | |
|  | **Is this a Rush Order?** | | | Yes | No | | If yes, expense to: | | | Cardholder | | | | Department |
|  | *Note: For a rush order, there is a $25 bank charge that is the cardholder’s responsibility. Departments may elect to incur this expense, based on business need.* | | | | | | | | | | | | | |
|  | **CHANGE THE CREDIT CARD LIMITS** | | | | | | | | | | | | | |
|  | **Please change my credit limit. Approval from the department and CBO is required for credit limits greater than $10,000.** | | | | | | | | | | | | | |
|  | Is this a Temporary or Permanent Change? | | | | | Credit Limit | | | Date Range: From | | | | To | |
|  |  | Temporary Change | | New Limit: | | $ | | |  | | | |  | |
|  |  | Permanent Change | | New Limit: | | $ | | | | | | | | |
|  | Reason for Credit Limit Change | | |  | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |
|  | **Authorized By: (*Name*)** | | |  | | | | | | | | | | |
|  | **Title** | | |  | | | | | | | | | | |
|  | **Date** | | |  | | | | | | | | | | |
|  | *Note: Attach email authorization or other supporting backup to this Maintenance Form.* | | | | | | | | | | | | | |