**CREDIT CARD MAINTENANCE FORM**

*Please complete this form and email it to Accounts Payable at:* *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.* |