

Procurement Card Update/Maintenance Form

(Retain a copy for your records and forward a copy to creditcard@ucsf.edu)

Cardholder's Name (print name)

Last Four Digits of Account Number: _____

Please select the applicable box below:

*** Call U.S. Bank Customer Service, 24 hours/7 days, Toll Free 1-800-344-5696.**

Lost* Date: _____ Stolen* Date: _____

Fraudulently Used*

- Date Reported to U.S. Bank: _____
- Date U.S. Bank Called You: _____
- Amount of dispute: _____
- Transaction Reference #: _____

Additional Comments):

Name Change (i.e. copy of legal name change document)

Change to: _____

Default COA/Chartstring/Cost Center Change

Change to: _____

Cancellation (i.e. cardholder leaves department or UCSF)

- Date of cancellation: _____ **(By signing below I certify that I destroyed the card)**
- Reason: _____

Reviewer/Approver Changes or Leaves Department **(Department Head Signature Required)**

- Remove: Print Name: _____
- Add: Print Name: _____

Reviewer/Approver Signature

Print Name

Date

Department Head or Designee Signature
(For Reviewer/Approver Changes Only)

Print Name

Date