



# Office of Procurement

## CREDIT CARD TRANSFER CHANGE FORM

Employee Status:  Full Time  Permanent Part-Time  Floater

Scan & email the completed form to: [creditcards@richmond.edu](mailto:creditcards@richmond.edu)

### CARD INFORMATION

Name listed on the Credit Card: _____	Extension: _____
Card ending in (last 4-digits only): _____	Current Cardholder Name: _____
Reason for change: _____	

### REQUEST TO CHANGE CARDHOLDER INFORMATION FOR DEPARTMENT CREDITCARD

Have you ever had a University of Richmond Credit Card: <input type="checkbox"/> YES <input type="checkbox"/> NO
UR ID: _____ UR Email: _____

Last Name: _____	First Name: _____	
Job Title: _____	Work Phone: _____	Cell Phone: _____
*Unique 4-digit Number (password) _____	*Mother's Maiden Name _____	
<b>*JP Morgan will require the unique password and/or mother's maiden name for verification purposes if you contact them for assistance*</b>		

### AUTHORIZATION BY APPROVER REQUIRED FOR ALL REQUESTS

Cardholder Signature: _____	Date: _____
Supervisor (Printed Name): _____	Title: _____
Approver's Signature: _____	

### PROCUREMENT OFFICE USE ONLY

Processed by: _____	Date: _____
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