



# 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:  YES  NO  
 UR ID: \_\_\_\_\_ UR Email: \_\_\_\_\_

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

### AUTHORIZATION BY APPROVER REQUIRED FOR ALL REQUESTS

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

### PROCUREMENT OFFICE USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_