



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

CARD INFORMATION

Name listed on the Credit Card: _____ Cost Center: _____
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: _____