

# UCSC Pro-Card - Modify or Close Account

**Important:** For full functionality, it may be necessary to download a copy of this form to your computer and open it with Adobe Reader or Acrobat Professional. To save a completed form, you may need Acrobat Professional. For technical and accessibility assistance, contact [finaff-tech@ucsc.edu](mailto:finaff-tech@ucsc.edu), for form questions, [procard@ucsc.edu](mailto:procard@ucsc.edu).

Office Use Only	
PCA Hierarchy	
Supervisor Hierarchy	
U.S. Bank	

## Privacy Notification

The information collected on this form has been requested by U.S. Bank. The Bank uses this information for security and verification purposes. When the cardholder contacts the Bank, their employee identification number will be requested to verify the identity of the caller. Individuals have the right to review their own records in accordance with University policies and collective bargaining agreements. Information on applicable policies and the agreement can be obtained from campus, laboratory or Office of the President Staff and Academic Personnel Officer. The official responsible for maintaining the information contained on this form is the Campus Purchasing Card Administrator.

### Section 1: Select to Either Modify or Close an Existing Account

Modify an existing Pro-Card Account

**Account Change** - enter new FOAPAL below

**Limit Change** - enter new dollar limits below

**Other** \_\_\_\_\_

Close an existing Pro-Card Account

**Terminate Account**

**Voluntarily Close Account**

### Section 2: Cardholder Information

Last Name

First Name

Middle Initial

(maximum 21 characters total)

E-Mail address:

Phone:

Last 4 digits of Account:

Employee ID

Pro-Card Descriptor: (Required if applicant has multiple cards: 21 characters max.)

City:

State:

Zip Code:

UCSC Mailstop:

### Section 3: Account (FOAPAL) Information

Fund	Organization	Account	Activity

### Section 4: Card Limits - Specified by unit manager and supervisor

Monthly Limit

(Total \$ per month)

Single Purchase Limit: \$

(Total per transaction - max \$2,500)

Daily Purchase limit: \$

(Total \$ per day)

### Section 5: Department Information & Approval

Pro-Card Authorizer (PCA) Signature

Print name:

Date

Pro-Card Supervisor / Reviewer Signature

Print name:

Date

### Section 6: Submit Information

Submit completed and approved form to campus mailstop: FAST/AP or FAX to 459-1723

**Document Retention:** Permanent until superseded. For non-contract and grant funds, retain three years after change has been made to account and five years after closure. For contract and grant funds, retain in accordance with EMF grant guidelines.

Revised 09/08/2017