

EXPRESS CARD CARDHOLDER ACCOUNT FORM

<input type="checkbox"/> New Cardholder	<input type="checkbox"/> New Card for Existing Cardholder	
Change <i>(Complete cardholder name, account number and complete only fields to be changed. Fields marked with an * can be changed.)</i>		
Account Closure <i>(Complete cardholder name, account number and reason for closure. Administrator's signature is required.)</i>		
Reason: <input type="checkbox"/> Separation <input type="checkbox"/> Transfer <input type="checkbox"/> Card Lost		
Cardholder Name on account to be closed: _____		
Cardholder Account # for change or delete/close action _____ - _____ - _____ - _____		
Cardholder Information		
Cardholder Name* (maximum 21 characters)	Employee #	2 nd line to be displayed on card* (maximum 21 characters)
Campus Address Line 1	Campus Dept. Name *	
Address Line 2*	University Index **	
City, State, Zip *	**This index will be charged for all transactions against this card.	
Cardholder Approvals		
Cardholder's Printed Name	Cardholder's Signature	Date
Express Card Dept Administrator's Printed Name	Administrator's Signature (valid only if Express Card Administrator Training has been completed)	Date
Administrator's email address	Administrator's Mail Code	Administrator's Phone Number
MSO or Business Officer's Printed Name	MSO or Business Officer's Signature	Date
Cardholder Controls (Will be Completed by Express Card Program Team)		
Credit Limit (CSL): <u>\$10,000</u>	Single Purchase Limit: <u>\$4,999</u>	MCC Group: <u>UCSD E</u>
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