

UFV Scotiabank Visa Card Maintenance Request

Please send completed and approved forms to pcard@ufv.ca Note, the use of digital signatures will help facilitate the process for verification of signatures. If a manual signature has been used, both the Cardholder and Spending Authority must sign the form manually prior to submitting to pcard@ufv.ca.

Cardholder Information (required)

Legal First Name: _____ Legal Last Name: _____
Employee ID#: _____ Last 4 Digits of Card: _____

Limit Change (to be completed when a permanent or temporary limit change is being requested)

Change Type:	Permanent	Temporary
Start Date:	_____	End Date: (if applicable) _____
Current Monthly Limit:	_____	Requested Monthly Limit: _____
Current Transaction Limit:	_____	Requested Transaction Limit: _____
Reason for change: _____		

Change in Approver (used when the approver for the employee changes which usually results in a change in Index Code)

Index Code (e.g. 999B): New _____ Account Code (e.g. 1202): _____
Cardholder Reviewer (s): _____
Monthly Limit: _____ Transaction Limit: _____

Cancellation Request

Cancellation Date: _____
Reason for Cancellation: Employee Departure Violation Other (describe below)

Authorizations

Cardholder Signature: (limit change) _____ Date: _____
Spending Authority Name: _____
Spending Authority Signature: _____ Date: _____

Procurement Processing Only:

Approved by Director, Supply Chain: _____
Processed By: _____
Reviewed by Assoc Dir, Financial Ops : _____