

# 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 :                      \_\_\_\_\_