



**PURCHASING CARD
CARDHOLDER ACCOUNT MAINTENANCE FORM**

***PLEASE FAX (84783) OR MAIL (516 BRODHEAD AVE) THIS MAINTENANCE FORM TO
LEHIGH UNIVERSITY'S OFFICE OF INSTITUTIONAL PURCHASING.***

DATE OF REQUEST:	
TYPE OF REQUEST:	
<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> PRIMARY CARD ADMIN CHANGE
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> SECURITY PASSWORD (LEHIGH ID) CHANGE
<input type="checkbox"/> HIERARCHY CHANGE	<input type="checkbox"/> ACCOUNT CLOSURE
<input type="checkbox"/> CREDIT LINE CHANGE	<input type="checkbox"/> OTHER _____
VISA CARD NUMBER (LAST 10 DIGITS):	
CARDHOLDER NAME:	
SECOND ROW OF EMBOSSING:	
EFFECTIVE DATE:	
REASON:	
(MARITAL STATUS, MOVED, TERMINATED, NEW POSITION, ETC.)	
OLD INFORMATION:	
NEW INFORMATION:	
CORPORATION NAME: LEHIGH UNIVERSITY	
PERSON REQUESTING CHANGE:	
AUTHORIZED SIGNATURE:	
PHONE NUMBER:	EMAIL: