

# Payment Card Profile Maintenance Form

**\*This form should be completed to make changes to an existing card profile\***

Submit Original Completed Document to Accounts Payable/Payment Card • 112 Hover Building 734.487.0022

Cardholder \_\_\_\_\_ EID \_\_\_\_\_

Cardholder's email address \_\_\_\_\_ Card's Last 4 Digits \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Change (be specific, i.e. items/cost/travel/etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Monthly Card Limit Change** *Requires Cabinet or CFO approval if above \$5,000*

Current Limit \$ \_\_\_\_\_ Requested Limit \$ \_\_\_\_\_

**Single Transaction Limit Change** *Requires Cabinet or CFO approval if above \$2,500*

Current Limit \$ \_\_\_\_\_ Requested Limit \$ \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporting Authority Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CFO or Cabinet Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_