

**NORTHLAND COMMUNITY AND TECHNICAL COLLEGE
CARDHOLDER ACCOUNT MAINTENANCE REQUEST FORM**

CARDHOLDER NAME _____

DATE _____

TYPE OF REQUEST...

- CANCEL CARD
- SINGLE TRANSACTION LIMIT CHANGE-LIST AMOUNT _____
 - TEMPORARY CHANGE-INDICATE END DATE _____
 - PERMANENT CHANGE
- MONTHLY LIMIT CHANGE-LIST AMOUNT _____
 - TEMPORARY CHANGE-INDICATE END DATE _____
 - PERMANENT CHANGE
- CARDHOLDER NAME CHANGE

EXPLANATION OF REQUEST...

CARDHOLDER SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

PROGRAM ADMINISTRATOR'S SIGNATURE _____ DATE _____

RETURN COMPLETED REQUEST TO:

**EAST GRAND FORKS BUSINESS OFFICE
ATTN: ANGIE MENGE**