

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 _____

BUSINESS OFFICE MANAGER SIGNATURE _____ DATE _____

By signing below, I grant temporary Purchasing Card Delegation of Authority for the amounts specified above. This delegation shall automatically expire on the end date indicated above, after which all authority will revert to its original levels without further action.

PRESIDENT SIGNATURE _____ DATE _____

**RETURN COMPLETED REQUEST TO: THIEF RIVER FALLS BUSINESS OFFICE
ATTN: Kari Mooney**