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

CARDHOLDER NAME			
DATE _			
TYPE O	PF REQUEST		
	CANCEL CARD		
	<ul> <li>SINGLE TRANSACTION LIMIT CHANGE-LIST AMOUNT</li> <li>TEMPORARY CHANGE-INDICATE END DATE</li> <li>PERMANENT CHANGE</li> </ul>		
	MONTHLY LIMIT CHANGE-LIST AMOUNT  O TEMPORARY CHANGE-INDICATE END DATE  O PERMANENT CHANGE		
	CARDHOLDER NAME CHANGE		
EXPLAN	NATION OF REQUEST		
CARDHOLDER SIGNATURE		DATE	
SUPERVISOR SIGNATURE		DATE	
BUS. O	FFICE MANAGER'S SIGNATURE	DATE	
RETUR	N COMPLETED REQUEST TO:		
	THIEF RIVER FALLS BUSINESS OFFICE		

**Account Maintenance Form** 

**ATTN: Kari Mooney**