



Kenyon College

Cardholder Information Change Request



***This form is used to change user information in the Purchasing Card Program.
All Cancellations should use the Card Cancellation form**

Date _____

Last 4 card #s _____

Cardholder name _____

Department _____

Dept. Chair name _____

Type of change

Name (first or last)

Campus Address

Department Change

Other

Existing Information

Requested Change

**Accounting Change
(if applicable)**

I hereby certify the following:

- I want to change my information as stated above.
- I am responsible for reconciling my existing account until after the last statement is completed.

Cardholder Signature _____

Date _____

Dept. Chair Signature _____

Date _____

Finance Office and Program Administrator Use Only

Date Received _____

Verify Information Changed _____

Contacted JPMC _____

Date New Card Received
and acknowledged _____