

STATE OF WEST VIRGINIA

**PURCHASE CARD MAINTENANCE FORM - (Please print or type)**

Agency Name: \_\_\_\_\_

Agency Master Account Number:

Agency Program Coordinator's Name and Telephone Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Account Number:

**Cardholder's Last Name Change**

Last Name as it currently appears: \_\_\_\_\_

Last Name, as it **should** appear: \_\_\_\_\_

New Cardholder's Signature: \_\_\_\_\_

**Cardholder's Address Change**

Current Address: \_\_\_\_\_ New Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cancellation or Credit Limit Adjustment**  
For lost or stolen cards, please contact BB&T at 1-800-397-1253 or 1-800-VISA-911  
and the STATE AUDITOR'S OFFICE at 304-558-2251

Lost  Stolen  Cancellation  Other: \_\_\_\_\_

Individual Credit Line Increase From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Individual Credit Line Decrease From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Single Transaction Limit Increase From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Single Transaction Limit Decrease From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Agency Credit Line Increase From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Agency Credit Line Decrease From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

**The Cardholder and Agency Program Coordinator must sign this form.**  
**The State Program Administrator must approve this form**

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Program Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forward this maintenance form to:**  
**West Virginia State Auditor's Office, Purchasing Card Program**  
**Building 1, Room WB1-A, Charleston, West Virginia 25305**