



COMMERCIAL CARD MAINTENANCE FORM

College of Eastern Idaho · Business Office · 1600 S 25th E · Idaho Falls, ID 83404
Card Administrator – Hope Noe · hope.noe@cei.edu · 208-535-5315

Cardholder Information – Please print clearly

Cardholder
Name: _____

Date of Request: _____

Please indicate the requested changes by checking boxes and providing the information required

Change Account Limits

Card Limits should be set according to business purchasing needs.

From \$ _____ To \$ _____

Temporary Increase/Decrease – Please note change back date: _____

Justification for Increase/Decrease: _____

Card Replacement

Please note: Your card account will be deactivated for approximately 7- 10 working days during the ordering process.

Reason for Replacement: _____

Account Closure

Effective immediately unless a date is specified Date: _____

I certify that no unauthorized purchases have been made by myself or anyone known to me as of my last authorized charge on:

Merchant _____ Amount _____ Date _____

Reason for Closure: _____

(Give card to Card Administrator)

Additional Comments

Authorized Signatures

Cardholder Signature: _____

Date: _____

Department Supervisor: _____

Date: _____

Business Office Signature: _____

Date: _____

To be completed by Card Administrator

Date to Zions _____

Date Department
Notified _____

Date Completed by
Zions _____

Please return completed form to the Business Office