UMASS LOWELL PROCARD APPLICATION/ CHANGE FORM
For Declining Balance Cards

☐ **Application Form** ☐ **Change Form (last 4 digits of card__ __ __ __)**
(Only complete name and fields to be changed.)

First Name _____ Middle Initial _____

Last Name _____

E-mail Address _____

Mother's Maiden
Name or Password _____

S.S. # xxx-xx-_____
(last four digits of SS# or other four digit code you will remember for use in all communications with the bank when prompted for your SS#)

Birth Month and Year (mm/yyyy) __ __ /__ __ __ __
(or other month/year *(date must make you at least 18 yrs. old)* that you will remember for use in all communications with the bank when prompted for your Birth Month and Year)

Department _____

Univ. Address _____

City, State, Zip _____

Work Phone Number (978)_____

Employee ID # __ __ __ __ __ __ __ __

Employee Status (please circle one) Permanent Employee or Contracted Employee

Fund Number __ __ __ __ __ Dept. Number__ __ __ __ __ __ __ __ __ __ Program Number __ __ __

Project/Grant Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
(If Applicable)

Speedtype Number __ __ __ __ __ __

Requested Single Transaction Limit _____
(You may request a Single Transaction Limit up to $2500 – may not be used for equipment >$1000) (If not filled in will default to $1000)

Requested Declining Balance Credit Limit _____
(If not filled in will default to $1,000)

or

Requested Increase to Declining Balance Credit limit _____

_____ _____

Applicant/Cardholder Signature Date

***Funding Source Signatory Date**
Authorization for Applicant to Obtain Procard
(if applicant is authorized signor of the funding source, the signature is required of the applicant's immediate supervisor, or if applicable, the Office of Research Administration)

* Signature indicates agreement to review the cardholder's Monthly Reconciliation (procard log, statement, receipts) and indicate approval by signing off on the Procard Log. Sign-off will indicate an awareness that all transactions fall within University policy. Also, sign-off will indicate ownership of the associated expenses on a departmental level.

Please send to: Allison Richards/ProCard Manager, Purchasing Office, DU204, fax 3004.