

**UMASS LOWELL PROCARD APPLICATION/ CHANGE FORM**

**Application Form**

**Change Form**

(Only complete name and fields to be changed. If you hold multiple cards please include funding source information to identify card)

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 Monthly Credit Limit \_\_\_\_\_  
(If not filled in will default to \$1,000)

\_\_\_\_\_  
**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.