



New Mexico State University

Accounts Payable

Procurement Card Cancellation Request

Submit form to: MSC 3AP

This is a multi-use form. Complete only the pertinent sections for your procurement card maintenance request and obtain required approvals/signatures. Please fill one form per card.

Name Embossed on Procurement Card	
Credit Card Number	
Expiration Date	
Department Name	

Section I – Cancellation of Procurement Card

- Employee has terminated employment with department and/or NMSU
- Procurement card is no longer needed by cardholder/department

Immediately return this form and card to Accounts Payable MSC 3AP. Card must be cut in three pieces and taped to the space provided. If the card is not available for any reason, please provide a memo signed by the supervisor stating the reason it is not available.

If procurement card has been lost or stolen, the cardholder must immediately contact WellsFargo Bank at 1-800-932-0036.

Section II – Name Change for Cardholder or Department

- Change embossed name to: _____
- Change embossed department to: _____

Section III – Mailing Address Change

- Change mailing address to:

Address or PO Box:	
MSC:	
City:	
State:	
Zip	

Section IV – Default Index Change

- Change default index to: _____-738010

Default index must be an unrestricted fund

Section V – Replacement of Damaged Card

- Replacement card needed for damaged procurement card.

Damaged card must be returned to Accounts Payable, MSC 3 AP. Please cut card into three pieces and attached to the last page of this form.

Section VI – Other Changes

- Other changes needed is/are: _____

Required Signatures/Approvals

Cardholder Name	
Cardholder Signature*	
Date	
Department Head or Dean/Director Name	
Department Head or Dean/Director Signature	
Date	

*Cardholders signature is not required if they are no longer employed by NMSU

If section I -Cancellation of account is selected and the card is available OR if Section V – Replacement of damaged card is selected, the active card must be cut into three pieces and taped in the space provided below.

For Office Use Only

Received by:	
Signature:	
Date received:	
Date transmitted to WF:	

PLACE CUT UP CARD HERE

Remit Form to:
 NMSU Accounts Payable
 Attn: Doris Boteler MSC 3AP
 PO Box 30001
 Las Cruces, NM 88003