TULANE UNIVERSITY  
T & E CARD PROGRAM

CARD ACCOUNT MAINTENANCE OR CANCELLATION FORM

ATTENTION: T & E CARD ADMINISTRATION       DATE OF REQUEST:

PLEASE COMPLETE THE FOLLOWING INFORMATION

TYPE OF REQUEST:

☐ NAME CHANGE
☐ ADDRESS CHANGE
☐ HIERARCHY CHANGE
☐ ADD/DELETE GL ACCOUNTS
☐ MONTHLY LIMIT CHANGE
☐ ACCOUNT CLOSURE
☐ SINGLE TRANSACTION LIMIT CHANGE
☐ OTHER

CARDHOLDER NAME: ____________________________

DEPARTMENT NAME: __________________________

EFFECTIVE DATE: ____________________________

REASON: __________________________________

OLD INFORMATION: __________________________

__________________________

NEW INFORMATION: __________________________

__________________________

DEPARTMENT HEAD NAME: ______________________

D, D or D SIGNATURE: ________________________