

Lehigh University Student, Adjunct, Visiting Employee OneCard/CCER Maintenance Request Form

Name:

Email:

Last four digits of Card Number:

CHANGE USER INFORMATION

<input type="checkbox"/> Change Department to:
<input type="checkbox"/> Change/Add Reconciler: (Specify New Name and Email Address):
<input type="checkbox"/> Change Approver to: (Specify New Name and Email Address):
<input type="checkbox"/> Account Closure - Reason for closure: <input type="checkbox"/> Separation <input type="checkbox"/> Transfer <input type="checkbox"/> Account not needed Closure will be effective immediately unless effective date is specified: _____ I certify that no unauthorized purchases have been made by myself or anyone known to me as of my last authorized charge on: Date: Amount: Merchant: User signature:

CHANGE ACCOUNTING INFORMATION

The default index number will always be added as the financial manager or authorized signer

Default Index Number	Financial Manager Name	Financial Manager Signature

AUTHORIZATION SIGNATURES

User Signature:	Date:
Approver Name:	
Approver Signature:	Date:

PROGRAM ADMINISTRATOR USE

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason:	Date
Program Administrator Name:	Program Administrator Signature:	

Return to: OneCard Program Administrator, Purchasing Services, 306 S New Street, Suite 428