



# Northern Illinois University

## Commercial Card Request for Change to Account

Complete only required fields\* and applicable sections

### CARDHOLDER INFORMATION

Cardholder Name\*

Employee ID\* (Eight Digits)

Card Last 4 Digits\*

### Change to Cost Center and Fund

Add/Delete	Cost Center and Fund	Cost Center Description	
Add	AB12345-41	University Support	EXAMPLE

### Change to Approving Manager / Proxy

Add/Delete	Approver/Proxy	Name	Employee ID	NIU email
Add	Proxy	Victor E Huskie	012345678	vhuskie@niu.edu

### Change to Credit Limit (decrease or increase to maximum \$25,000)

Credit Limit

Start Date

End Date

(leave blank if permanent)

Justification from Dean or Division Head if increasing credit limit

Cardholder Signature\*

Date\*

Approving Manager Signature\*

Date\*

Dean/Division Head Signature (\* if increasing credit limit)

Date (\* if applicable)

Commercial Card Services

Date

Completed forms, with all signatures, are to be sent to Card Services, Lowden Hall 208 or scanned and emailed to [cardservices@niu.edu](mailto:cardservices@niu.edu)