



Credit Card Account Change Request

Department Account Name: _____

Check All Boxes Containing A Change and Provide the New Information:

Department Account Name Change: _____

New Account User: _____

Title: _____

CATID Username: _____

Email: _____

Phone: _____

Delete Account User: _____

Reason: _____

Change Oracle Account for Deposits:

Fund	AY	Organization	Object Code	Program	Function	Activity	Line

Change Oracle Account for Fees:

Fund	AY	Organization	Object Code	Program	Function	Activity	Line

Departmental Approval Signature: _____ Date: _____

Please submit completed form to: Accounts Receivable Manager
Office of Business Operations
103 Gilchrist Hall
(Campus Code 0008)