University of Waterloo
Purchasing Card
Change of Information Form

This form must be completed when your personal information changes or if you wish to cancel your card. Please check all that apply:

☐ Change of information
☐ Replacement card required
☐ Cancel card – no longer needed

Please print this form, fill in the appropriate information and provide signature. If the changes are in relation to your position, department or AFF, approval is given by a Dean, Director, Chair or Department Head, reviewed by the Faculty Financial Officer or Executive Officer and forwarded to the Finance Department.

Cardholder Information:

Cardholder Login ID: ____________________________________________

Last Name/First Name/Prefix: _______________________________________

University of Waterloo Employee Number: _____________________________

Position Title: ___________________________________________________

Department Name: __________________ Building Code: __________________

University of Waterloo Default Accounting Flexfield (AFF):

______________________________________________________________

Extension: ______________________________ Fax: _______________________

Email: __________________________________________________________

Applicant’s Signature: __________________________ Date: ________________

My signature indicates that I authorize the changes for this applicant:

Dean, Director, Chair or Department Head Name (Please print): ______________

Signature: __________________________ Date: __________________________

My signature indicates assurance that the change is reasonable and the applicant will adhere to established procedures.

Faculty Financial Officer or Executive Officer (Please print): ______________

(where applicable)

Signature: __________________________ Date: __________________________

Finance Department use only:

Purchasing Card Administrator Review: __________________________ Date: ______________

Director of Finance Approval: __________________________ Date: ______________