

**UMB BANK – CARD CENTER**

**CLOSE ACCOUNT**

**VISA PURCHASING CARDHOLDER ACCOUNT ACTION REQUEST**

**CITY OF TOPEKA KANSAS**

<input type="checkbox"/> New Account <input type="checkbox"/> Reissue Replacement Card <input type="checkbox"/> Request Lost/Stolen Replacement <input type="checkbox"/> Change Reporting Level <input type="checkbox"/> Change Account Address <input type="checkbox"/> Change Control Account <input type="checkbox"/> Change Authorization Strategy <input checked="" type="checkbox"/> Close Account  <b>Account Cycle Controls</b> <input checked="" type="checkbox"/> Total Cycle Dollar Limit .... \$ <u>      0.00      </u> <input checked="" type="checkbox"/> Max # Daily Transactions . # <u>      0      </u> <input checked="" type="checkbox"/> Max \$ per Transaction ..... \$ <u>      0.00      </u>	<input type="checkbox"/> Update Account Information <input type="checkbox"/> Emergency Card Replacement <input type="checkbox"/> Authorization Override <input type="checkbox"/> Rush Card Request <input type="checkbox"/> Statement Copy <input type="checkbox"/> Sales Draft Copy <input type="checkbox"/> _____ _____ _____ _____ _____ _____
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<b>Card Number</b>	
<b>Cardholder Name</b>	
<b>Department</b>	
<b>Division</b>	
<b>Position # / Title</b>	
<b>Cardholder Address</b>	
<b>City / State / Zip</b>	
<b>Telephone Number</b>	
<b>Date:</b>	_____ <b>Departmental P-Card Coordinator Signature</b>
<b>Date:</b>	_____ <b>Purchasing Card Administrator Signature</b>