

**STATE OF MARYLAND  
CORPORATE PURCHASING CARD PROGRAM  
CARDHOLDER INFORMATION MAINTENANCE FORM**

**Action Requested:**  **Change Information**       **Close Account (Retrieve Card & Destroy)**  
**Indicate VISA Cardholder Account # and Information Changes Only**

**CARDHOLDER INFORMATION**

**Effective Date of Action:**

**VISA Cardholder Account Number - Required for All Actions Requested (16 A/N):**

Agency Name (19 A/N):

Contact Name:

Cardholder Name (24 A/N):

Billing Address (36 A/N):

Billing Address (36 A/N):

City and State (27 A):

Zip (9 N):

Telephone Number (10 N):

SSN (9 N):

**AUTHORIZATION CONTROLS**

Credit Limit: \$

Single Purchase: \$

**The single purchase limit recommended by the USM is \$5000. If there are any changes to this amount, please indicate it above.**

**RESTRICTIONS (By Agency)**

MCCG NAME	MCCG ACTION	SINGLE PURCHASE LIMIT
1		
2		
3		
4		

**HIERARCHY INFORMATION**

**ACCOUNT CODE NUMBER (22 A/N):**

FIN. AGY. CODE (3 A/N)	PCA AGENCY (5 A/N)	OBJECT FLAG ("C" or "A")	OBJECT CODE (4 N)	AGENCY USE CODE (6 A/N)	DEFAULT PCA (3 A/N)

Reporting Unit Name:

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Fiscal Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GAD Account Code Number Verification: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Questions, please contact Bank of America Customer Service at 1-888-449-2273**

