



Channel Islands

CALIFORNIA STATE UNIVERSITY

CARDHOLDER ACCOUNT MAINTENANCE

Cardholder Name: _____

Check One: Change Information Change limits

CARDHOLDER INFORMATION ~ Fill in only the information below that is to be changed.

First Name

Middle Initial

Last Name

Bldg./Room#

Extension

Approving Official Name – (To Change Approving Official)

Monthly Credit Limit: \$ _____ Single Transaction/Daily Limit: \$ _____

Check One: Permanent Increase/Decrease
Temporary Increase/Decrease

Revert to original limits: _____
Date

Signature of Applicant

Date

Signature of Authorizing Official

Date

For Budget Office Use:

Updates made by: _____ Date: _____

- PeopleSoft Updated
- US Bank Updated
- Cardholder Notified