

Account Changes Form

Please type. No hand-written applications will be accepted. Complete all areas and return with required signatures to jpmcsucc@syr.edu.

- Card Name Change Only Address Change Only
 Card and Net ID Change Only Account String Change Only

SUID Number: _____ Previous/Current NetID: _____

New NetID: _____

Name: *(Use only your legal name)*

Previous First Name: _____ Previous Middle: _____ Previous Last: _____

New First Name: _____ **New Middle:** _____ **New Last:** _____

Previous Email Address: _____ **New Email:** _____

Campus Mailing Information:

Previous Address: _____

New Address: _____

Previous Default Chart String: Fund: _____ Dept: _____ Program: _____ My Code: _____

New Default Chart String: Fund: _____ Dept: _____ Program: _____ My Code: _____

I agree to the above changes to my credit card records.

Account Holder Signature: _____

Date: _____

I hereby confirm the changes to the cardholder's account. Payment Net is to be used only for official University business. I verify this prospective transaction approver is a permanent employee.

Supervisor/Budget Manager Signature: _____

Title: _____ Date: _____

Printed: _____