

# PURCHASING CARD CHANGE ACCOUNT AGREEMENT

USE THIS FORM TO UPDATE EXISTING CARDS ONLY  
PLEASE COMPLETE ALL LINES

## Card Information

\_\_\_\_\_  
Last Name – up to 20 characters

\_\_\_\_\_  
First Name – up to 12 characters

## Canyons School District Information

\_\_\_\_\_  
School or Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip code

(\_\_\_\_)\_\_\_\_\_  
Work Telephone

(\_\_\_\_)\_\_\_\_\_  
Optional Telephone  
@canyonsdistrict.org

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Default Accounting Code

\$\_\_\_\_\_  
Default Monthly Credit Limit

\$\_\_\_\_\_  
Default Single Transaction Limit

## AUTHORIZATION

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Position

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## PURCHASING DEPARTMENT USE

\_\_\_\_\_  
Purchasing Department Approval

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Entered

THIS SECTION WILL BE FILLED IN BY PURCHASING DEPARTMENT

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department



Trained \_\_\_\_\_

Date \_\_\_\_\_

Revised 1/6/25