

# Credit Card Solutions Card Cancellation Form

Card Type:

- Departmental Card (Commodity, Travel or Dual Use)       Travel & Entertainment

Cardholder Name: \_\_\_\_\_ Panther ID#: \_\_\_\_\_

This form verifies that the employee whose name is mentioned above has relinquished possession of their Florida International University Credit Card. Attached are the cut-up pieces of the Credit Card assigned to this individual in accordance with Florida International University's policies and procedures.

**This form should not be used for Lost/Stolen Cards or Expired Cards that have been renewed.  
Please shred the card in these cases.**

**Step #1:** The Credit Card Solutions Team **MUST** be notified **PRIOR** to the submission of this cancellation form. Failure to follow the correct and timely cancellation protocols risk losing the card privileges for your entire unit.

**Step #2:** Cut the card in half and affix into the box below:

Affix Half of Card Here	Affix Half of Card Here
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**Step #3:** Cardholder and BUA/Supervisor must sign and date card cancellation form:

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Unit Approver

OR

Immediate Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USE BY CREDIT CARD SOLUTIONS TEAM ONLY**

Last Transaction Date: _____ <input type="checkbox"/> Prior notification received      Account Notes: _____		
Date Closed (Bank): _____	Date Closed (PS): _____	Date Removed (Listserv): _____
Initials: _____	Initials: _____	Initials: _____