

**SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
PURCHASING CARD CHANGE REQUEST**

(This form is applicable to DDSN Regional Centers only)

Date: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Cardholder Name on Purchasing Card: \_\_\_\_\_  
(Record name as it appears on card)

Purchasing Card Account Number: \_\_\_\_\_

**Type of Request:**

\_\_\_\_\_:Account Closure

\_\_\_\_\_:Name Change

Current Information: \_\_\_\_\_

New Information: \_\_\_\_\_

Explanation of Change (i.e., employee termination, name change due to marriage/divorce, etc.):

\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**Forward to Regional Bank Liaison for REVIEW AND approval**

\_\_\_\_\_  
Signature (Regional Bank Liaison)

\_\_\_\_\_  
Date