

# MU TRAVEL CARD

## CARDHOLDER ENROLLMENT / CHANGE FORM

**Action:**       Initial Enrollment       Change to Existing Account

Fill in ALL blanks down to double line and return to Card Systems Administrator

### Individual's Information to Appear on Card

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Please Print)

Address Information	Verification Information
Home Address: _____  City: _____  State: _____  Zip Code: _____  University Building: _____  Room #: _____  <input type="checkbox"/> Send Statement to Home Address  <input type="checkbox"/> Send Statement to University Address  Please check one: _____ faculty _____ staff	Applicant's title: _____  Department Name: _____  Cost Center/ WBS/Internal Order _____  Justification: _____ _____  Last 4 digits of SS# _____  Mother's Maiden Name: _____  Office Phone #: _____  Email address _____

Applicant verifies that he/she is a full time employee of Millersville University and that they must apply for Direct Deposit for reimbursement.

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

Responsible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Financial Manager)

#### Do Not Write Below This Line

Input	Approval
Card Systems Administrator: _____ Date: _____	Purchasing Director _____ Date : _____

#### JP MorganChase Data

User ID: \_\_\_\_\_ Login Role: \_\_\_\_\_ Hierarchy Level: \_\_\_\_\_ Hierarchy ID: \_\_\_\_\_ Control Group \_\_\_\_\_