

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: _____ (Please Print) First Name: _____ Middle Initial: _____

Address Information

Home Address: _____

City: _____

State: _____

Zip Code: _____

University Building: _____

Room #: _____

Send Statement to Home Address

Send Statement to University Address

Please check one:

_____ faculty
_____ staff

Verification Information

Applicant's title: _____

Department Name: _____

Cost Center/ WBS/Internal Order

Justification:

Last 4 digits of Social Security: _____

Date of Birth (mm/yyyy): _____

Mother's Maiden Name: _____

Office Phone #: _____

Applicant verifies that he/she is a full time employee of Millersville University.

Cardholder Signature: _____ Date: _____

Responsible Person's Signature: _____ Date: _____
(Financial Manager)

Do Not Write Below This Line

Input

Card Systems Administrator: _____
Date: _____

Approval

Purchasing Director _____
Date: _____

VP of Fin. & Admin _____
Date: _____

National City Data

User ID: _____ Login Role: _____ Hierarchy Level: _____ Hierarchy ID: _____ Control Group _____