

**University of Louisville
ProCard Billing Address Change Form**

Date of Change Request: _____

Name of Cardholder or Responsible Party: _____

Cardholder/Responsible Party Employee I. D. Number: _____

Last 8 digits of PNC Visa Card Number: _____

NOTE:

**Address lines 1 & 2 “limited to 36 letters, numbers & spaces” for each line.
Cardholder/Responsible Party name will remain a part of the Billing Address and
cannot be changed.**

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Postal Code: _____

I authorize the above changes to my University ProCard Billing Address:

Cardholder or Responsible Party Signature

Date

Telephone No.