



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT  
PROCUREMENT CARD SERVICES PROGRAM**

**CARDHOLDER ACCOUNT CLOSURE REQUEST FORM**

**SECTION I**

**INSTRUCTIONS**

1. To close an account, complete all sections below.
2. Maintain a copy in the Cardholder and Agency Program Coordinator's files.
3. Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201.

**SECTION II**

**AGENCY INFORMATION (Please Print)**

Department/Agency Name (maximum 21 characters) \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax Telephone Number \_\_\_\_\_

Control Account No. \_\_\_\_\_

*Office of Purchasing, Travel and Fleet Management's Use*

Emailed:  Yes  No

Reporting Levels/Agency No. \_\_\_\_\_

Procurement Card Administrator \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III**

**CARDHOLDER'S INFORMATION (Please Print)**

Account Number (Last six digits) _____	First Name _____	Last Name _____	Social Security Number (Last four digits) _____
Account Number (Last six digits) _____	First Name _____	Last Name _____	Social Security Number (Last four digits) _____
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**SECTION IV**

**AGENCY PROGRAM COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER**

Approving Agency Program Coordinator's Name (printed) \_\_\_\_\_ Email Address \_\_\_\_\_

Approving Agency Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax Telephone Number \_\_\_\_\_