



MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT

CARDHOLDER ACCOUNT CLOSURE REQUEST FORM

PLEASE SELECT
O PROCUREMENT CARD (OR)
O TRAVEL CARD

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. Please email the completed form to the Procurement Card Administrator or Travel Card Administrator at purchasingandtravel@dfa.ms.gov.

SECTION II AGENCY INFORMATION (Please Print)

Department/Agency Name (maximum 21 characters)

Business Telephone Number Extension Fax Telephone Number

Last 4 Digits of the Managing Account No.

Office of Purchasing, Travel and Fleet Management's Use

Emailed: ☐ Yes ☐ No

Reporting Levels/Agency No.

Card Administrator

Date

SECTION III

CARDHOLDER'S INFORMATION (Please Print)

(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name
(Last four digits)Account Number	First Name	Last Name

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