



OFFICE OF THE
AUDITOR/CONTROLLER
FOR THE
COUNTY OF PLUMAS
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I.M.P.A.C.® CALIFORNIA CARDHOLDER ACCOUNT UPDATE

CHANGE

Check all applicable boxes
 CANCELLATION REISSUE PLASTIC

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

CARDHOLDER ACCOUNT # _____

CARDHOLDER LEGAL NAME _____

POSITION _____

FILL OUT ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED-PLEASE PRINT OR TYPE

DEPT/OFFICE/AGENCY NAME _____

CARDHOLDER LEGAL NAME _____
(First name, middle initial, last) (Maximum of 20 embossed on card)

ADDRESS ONE _____

ADDRESS TWO _____

CITY _____ STATE CA ZIP _____

PHONE _____

EMAIL ADDRESS _____

REQUIRED
CREDIT LIMIT _____

TEMPORARY 30 DAY LIMIT _____

REASON FOR CHANGE/CANCELLATION _____

DEPARTMENT HEAD SIGNATURE _____

(Original Signature Only) No copies!