VANDERBILT UNIVERSITY MEDICAL CENTER PAYMENT CARDS
PAYMENT CARD MANAGER
CHANGE REQUEST

SELECT OPTIONS BELOW

☐ **Replace the current manager**   ☐ **Deactivate current manger**

☐ **Back up manager**   **Effective Date _____**

NEW MANAGER INFORMATION

Name (Please Print)

VUNET ID_____

HOME DEPARTMENT #_____

EMAIL
ADDRESS_____

CURRENT CARD MANAGER_____

CARD(S) YOU WILL APPROVE

NAME ON CARD	LAST 4 DIGITS OF CARD #

NEW MANAGER Signature

Signature	Date

Manager (PER ORG CHART)

Manager (Please Print)	Manager Signature	Date

Privilege Approver   *(as assigned in Privilege Management system)*

Privilege Approver (Please Print)	Privilege Approver Signature	Date

Email completed application to the address below:

vumcpaymentcards@vumc.org

form update 5/17/2021