Card Cancellation Form

Cardholder Name: ___________________________ USC ID#: __________________

This form verifies that the employee whose name is mentioned above has relinquished possession of their University of South Carolina Credit Card.

Attached are the cut-up pieces of the Credit Card assigned to this individual in accordance with University of South Carolina’s policies and procedures.

Affix Half of Card Here

Affix Half of Card Here

Cardholder Signature: ___________________________ Date: __________________

Supervisor Signature: ___________________________ Date: __________________

This form should not be used for Lost/Stolen Cards or Expired Cards that have been renewed. Please shred the card in these cases.