



UNIVERSITY OF  
**SOUTH CAROLINA**

# 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.

<p><i>Affix Half of Card Here</i></p>	<p><i>Affix Half of Card Here</i></p>
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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.**