SAGINAW VALLEY STATE UNIVERSITY
LOST OR STOLEN CARD NOTIFICATION

Cardholder name: _____

Phone number ( ) _____

Credit card number: ___ ___ ___ ___- ___ ___ ___ ___- ___ ___ ___ ___- ___ ___ ___ ___

Date card lost or stolen (circle one): _____

Provide full account of event:

_____

_____

_____

_____

_____

_____

_____

_____

Did you notify University Police? _____ Incident number _____

Date reported: _____

Procurement Card Administrator: (989) 964-2063
National City Customer Service (24hours/day, 7days/week): (866) 646-6880

Return within two business days of card loss to:

Procurement Card Administrator
South Campus Complex A
Purchasing Department
7400 Bay Road
University Center, MI 48710