Regions Purchasing Card
Cardholder Registration Form

Cardholder Information			
Employee Name		Company Name	**University of Mississippi**
Business Telephone Number		Company Contact	**Shelley Morrison**
Employee ID #		Address	**P. O. Box 1848**
Date of Birth		City, State, ZIP Code	**University, MS 38677-1848**
Email Address		Telephone #	**(662) 915-7449**

Statement Mailing		Purchase Limits		
Text on Card/4th Line		Single Transaction	$	Monthly Limit $
Mailing Address	**P. O. Box 1848**	Cash Advance	$	*Card Expiration
City	**University**	**Velocity Limits**		
State	**MS**	Daily		
ZIP Code	**38677-1848**	Monthly		

Ledger			
Cost Center		(M) G/L Number	(H) G/L Number
Department Name			Employee ID #

Signatures		
Employee (Print)	(Sign)	Date
Approving Mgr. (Print)	(Sign)	Date

TO BE COMPLETED BY BANK (Please print or type)

Bank Name: REGIONS

☐ Special Handling Code

Corp: DG	BIN: 471575	Prod/Sub-Prod: PUR 001	Type Prod: 10	Com Ind: I
Company #:	Inv Freq:	Central Bill Account #:		
Card Type: V	Inst ID:	# Cards: 1	Cred Assoc 9	Annual Fee:
Bill Day:	Bill Code:	Diversion Account #:	SECRT CD SPACE THRU	
Rpt Level Ind:	Rpt Hierarchy:	Auth Level Ind:	Auth Hierarchy ID:	
MCC Group:	MCC Equal Ind:	Single Txn Limit Amount:	G/L Sub Account:	Cost Center:
Daily Spend Limit Amount:	Monthly Spend Limit Amount:	Employee ID:	Fee Frequency:	
FI Approval:			Date:	

Hierarchy	Central Bill Information
Level:	Department:
ID:	Central Bill: ☐ NEW ☐ Existing (Account #)

***Required only if desired expiration date is less than the default (1 year)**

REGIONS