



**REQUEST FOR CANCELLATION OF  
AMERICAN EXPRESS® CORPORATE CARD**

Employee Name: \_\_\_\_\_

American Express Card No. (*last five digits*):      XXXX-XXXXXX-\_\_\_\_\_  
*It is the employee's responsibility to destroy card.*

Employee's Current Home Address: (*Required by American Express*)

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Reason for Cancellation:

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | No Longer Employed or Retired     |
| <input type="checkbox"/> | No Longer Needed                  |
| <input type="checkbox"/> | Deceased                          |
| <input type="checkbox"/> | Department's Request              |
| <input type="checkbox"/> | Military Leave                    |
| <input type="checkbox"/> | Non-U.S. Citizen - Departing U.S. |
| <input type="checkbox"/> | Other _____                       |

\_\_\_\_\_  
*Signature of Employee or Dept. Representative*

\_\_\_\_\_  
Date