|  |  |
| --- | --- |
| **School name:** |  |
| **DfE number:** |  |
| **Last four digits of card number:** |  |
| **Cardholder’s name:** |  |
| **Contact name:** |  |
| **Change requested:** |  |
| **Increase monthly limit:** | **Current limit:** **New limit:**  |
| **Increase single transaction limit:** | **Current limit:** **New limit:**  |
| **Unblock category:**(we can unblock all categories apart from cash) | **All categories:****Category numbers/transaction types:**  |

**PLEASE NOTE ALL CHANGES WILL BE PERMANENT. IF YOU REQUIRE FURTHER CHANGES PLEASE COMPLETE ANOTHER CHANGES FORM.**

**Signed: …………………...………………**

**Print name: ………………...………………**

**Designation: Headteacher / Chair of Governors**

*(Chair of Governors to sign if the Headteacher is the applicant)*

**Date: …………………...**

**Please email this form to** **schoolsfinancialservices@theeducationpeople.org**