



Billing Account Change

Email completed form to tamu-it-billing@tamu.edu. If you do not receive confirmation within 48 business hours, please call 979.862.1797 or 979.458.5452. Changes will be effective within 30 days from the date the work order is received.

Requestor Information

Name: _____ Unit/College/Department: _____
Phone Number: _____ Email Address: _____

Old Billing Information

Old Account No. (xx-xxxxxx-xxxxx): _____

New Billing Information

Billing Contact Name: _____
Billing Contact Email Address: _____ Billing Contact Phone Number: _____
System Part Code: _____ Department Code: _____ Account Name: _____ Mailstop: _____
New Account No. (xx-xxxxxx-xxxxx): _____
Account Signature Authority Name: _____
Signature: _____ Date: _____

Complete the following where applicable.

Item	Service Number	Building / Room
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

Specific Numbers to Move

If only specific numbers are to be moved, please provide detailed descriptions.

Notes: _____