

BANNER FUND CHANGE FORM

Customers wishing to change billing for telecommunications services should complete and return this form to CNS. Please forward all questions to cnsacct@vt.edu or call (540) 231-6460.

Requests received on the 1st of the month or later will not be effective until the following billing period.

Date: _____

Department Name: _____

Organization Number: _____

Contact Person 1: _____ PID: _____

Contact Person 2: _____ PID: _____

Telephone Number: _____

Current Information

Banner Fund Number: _____

Organization Number: _____

Customer Account Number (CAN): _____

New Information

**** Customer Account Numbers will be assigned for each Banner Fund Number ****

Banner Fund Number: _____

Organization Number: _____

Customer Account Number (CAN): *(if applicable)* _____

Check if requesting a new Customer Account Number (CAN)
(Web Access form will be required for new CAN requests)

Service Description (enter all applicable information)

Building	Room	Portal	Ext or Circuit #

Authorized Signature: _____

(must be HokieMart Approver for the new fund and org)

Print Name: _____ Date: _____