## iPayment Access Request

USER INFORMATION		New User	Add to Existing	gAccess	Replace Existing A	ccess	Remove All Access	
Employee Name:			Home Campus Code:					
Employee UIN:			Email:					
Department:			Phone:					
ACCESS TYPE								
USER	(IDT), creat invoices, ru	es AR invoices, vo	oids transactions reports, reviews (	and tenders  OWN balance	posit, creates interd PRIOR to receipt, so report and exptecte	earches re	ceipts and	
SUPERVISOR	APPROVER ACCESS: Has same access a USER, but also finalizes the deposit, balances and approves files, voids transactions and tenders AFTER receipt, views credit card reports, views ANY users expected total in the assigned department. Supervisors MUST finalize transactions in order to submit them to FAMIS.							
INQUIRY		al reports. Person			an view any users to reate files or post tra			
DELETE	departmen				to prevent further a ser. May be used to			
DEPARTMENT ACC	ESS	Member	Dept/Code	Member	Dept/Code	Member	Dept/Code	
Add Specific Dep	ots/Locs:			-				
Select member ar required department				-				
Access may be re college/division and	,			-				
				-				
				<del>.</del>				
STATEMENT OF RE	SPONSIBILIT	Υ						
systems above. I acknowledge that if I violate System disciplinary action and responsibility of keepi provided to me by Texters.	nowledge that in regulations and criminal prosoning the reports was A&M Syste	neither I nor anyone nd State and Federal ecution to the full extand information con m Members. Misuse on. I agree further no	else possess the aut laws by gaining or h cent of the law. (Cha fidential. I understa or abuse of this res ot to attempt to circ	thority to allow elping others ga apter 33, Title 7 and, accept and ponsibility as U	r help others gain unau anyone to use my I.D. o ain unauthorized acces of the Texas Penal Coo will complete training ser/Supervisor may be mputer security system	or password. s, I will be su de). I accept related to th just cause fo	. I understand abject to the ne software or revocation of	
<b>User Printed Name</b>		Sig	nature			Date		
Supervisor Printed	Name	Sig	nature			Date		