



5600 Fishers Lane, Room 11-33
Rockville, Maryland 20852

**DEPARTMENT OF
STATE GRANTEES**

Division of Payment Management Payment Management System Access Form

*****This form must be completed in its entirety in order to be processed*****

Please print or type

Action(s) Requested: (check all that apply)

- Establish New User Access
- Change Existing User Access: Current PMS Username _____
- Update Existing User Contact Information: Current PMS Username _____
- Deactivate User Access: Current PMS Username if not known, print or type first and last name of person to be deactivated and complete sections 1, 2, and 5 below _____

1. Name of Institution/Organization: _____
2. Payee Identification Number(s) (PIN) if not known, list EIN: _____

Is the action requested for all accounts associated with this PIN(s)? Yes No

3. Request to Establish/Change User Access or Update Contact Information for:

Name (Please Print): _____

Title: _____

Telephone #: _____

E-Mail Address: _____

Mailing Address: _____

4. Type of access requested for user. Please select one in each category if applicable.

Payment Requests and Inquiries

Federal Financial Report (FFR)

- | | | |
|---|--|---|
| <input type="checkbox"/> Payment Requests and Inquiries | <input type="checkbox"/> FCTR Preparer Only | <input type="checkbox"/> FSR Preparer Only |
| <input type="checkbox"/> Inquiry Only | <input type="checkbox"/> FCTR Certifier Only | <input type="checkbox"/> FSR Certifier Only |
| | <input type="checkbox"/> FCTR Preparer and Certifier | <input type="checkbox"/> FSR Preparer and Certifier |
| | <input type="checkbox"/> FCTR View Only | <input type="checkbox"/> FSR View Only |

5. Supervisor's Approval of requested action (recipient organization authorized representative)

If you are the highest ranking person in your organization, please sign your own form.

Supervisor Name (Please Print): _____

Supervisor's Signature: _____

Supervisor's Title: _____ Supervisor's Telephone Number: _____