DEPARTMENT OF HEALTH AND HUMAN SERVICES
Program Support Center

Payment Management System Access Request

Must be competed correctly and in its entirety in order to be processed

Please print or type

Action(s) Requested *(Select only one)*

☐ Establish New User Access

☐ Update Existing User Contact Information: Current PMS Username

☐ Change Existing User Access: 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) or EIN?

☐ Yes ☐ No

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

Name (Please Print)	Title	Telephone #
E-Mail Address	Mailing Address	

4. Type of access requested for user (Please complete either Section A **OR** Section B):

A. Please check all that apply (please note **inquiry** is included).

☐ Payment Requests

☐ Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR) Access

☐ Federal Financial Report (FFR): Financial Status Report (FSR) - Preparer Access

☐ Federal Financial Report (FFR): Financial Status Report (FSR) - Certifier Access

B. Please check if account should be read **ONLY**

☐ Read Only Access

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 Title	Supervisor's Telephone Number

Supervisor's Signature

IF THIS IS A NEW ACCOUNT, PLEASE SEND THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM. YOU MAY FAX THE FORMS TO 301-492-5096 or 301-492-4581. PLEASE FAX ONE FORM AT A TIME.

Payment Management System Access Request Instructions

You can only request access for one individual per form. You will need to submit an individual form for each individual that needs access for your organization.

Select the action requested

- **Establish New User Access**: This is for an individual that has never had access to the PMS or their access has been deactivated.
- **Change Existing User Access**: This is for an individual that is adding/removing a PMS Account Number(s) to an existing username.)
- **Update Existing User Contact Information**: This is for an individual that is changing their current profile information (Email, phone, etc).
- **Deactivate User Access:** This is for an individual that should no longer have PMS Access.

Sections 1-3

This is the name and contact information for the individual that access is being requested for.

Section 4 - Type of access requested for user

- **Payment Requests**: Access to request funds. This access includes access to view inquires.
- **Federal Cash Transaction Report (FCTR)**: Access to prepare and certify the quarterly FCTR in which recipients report cumulative federal cash disbursements. This report is used by Payment Management Services to manage recipient accounts. This access includes access to view inquires. This report is required for all G and P type accounts.
- ***Federal Financial Report (FFR) Preparer:** Access to prepare the expenditure report formerly known as the Financial Status Report (FSR). This access includes access to view inquires.
- ***Federal Financial Report (FFR) Certifier:** Access to certify the expenditure report formerly known as the Financial Status Report (FSR). This access includes access to view inquires.

  ***The FFR report is submitted electronically to the federal awarding agency for review and approval/ disapproval. Please check the PMS website at (insert URL) to see if you are required to submit this report in the Payment Management System.**
- **Read Only Access –** This access is Inquiry Only access. This should only be selected if you have not selected any other access. This access automatically comes with all other accesses.

Section 5 – Supervisor's Approval

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.
We accept electronic signatures (this does not include signatures created in word processing software).

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