BUREAU OF THE PUBLIC DEBT
FEDINVEST LOGON – ID REQUEST
GENERAL INFORMATION

1. Action Requested: **Effective Date**:_____

☐ Grant Access   ☐ Revoke Access

☐ Add Additional Account(s)   ☐ Supervisor Change   ☐ Other

2. User Information:

Agency Name:	
Name: (Last, First, MI)	
Job Title:	
Agency Location Code: (ALC)	
Account Fund Symbol: (AFS) Full Access (Process Transactions)	
Account Fund Symbol: (AFS) Inquiry Access (View Only)	
Street Address: Line 1	
Street Address: Line 2	
City, State, Zip:	
Telephone Number:	
Fax Number:	
E-mail Address:	

3. Chief Financial Officer (CFO) Information:

CFO Name: (Last, First, MI)	
Address: (If Different)	
City, State, Zip: (If Different)	
E-mail Address:	
Telephone Number:	
Fax Number:	

4. Supervisor Authorization Information:

Supervisor Name: (Last, First, MI)	
Telephone Number:	
Email Address:	
Supervisor Signature:	

5. User Information:

User's Signature:	
Mother's Maiden Name:	

SIGNOFF Section (Public Debt use only)

LDAP ID:				
ISSR: Create LDAP ID & Submit NSR to Response Team				Date:
Added to CRM				Date:
FIB: Supervisor Verified				Date:
FIB Signature				Date:
If Auditor: Agency Approval Agency Contact	Yes ☐	No ☐	N/A ☐	Date:
Email IT Service Desk to Add to Contact Management (cc: ISSR)				Date:
Forms to ISSR	Date:	Contingency File		Date:
CRM-Verify/Edit	Date:	Microsoft Access Database		Date:
Training Memo	Date:	Trained: Yes ☐ No (Per User) ☐		Date: