

## ASAP OFFICIALS AUTHORIZATION FORM

**Organization Name:** \_\_\_\_\_ **Effective date:** \_\_\_\_\_  
**ASAP ID** \_\_\_\_\_

**POINT OF CONTACT – (This is a mandatory role)**

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL

**I) HEAD OF ORGANIZATION – (This is a mandatory role)**

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL

ADD  REVOKE  RENEWAL

**II) RE-DELEGATED HEAD OF ORGANIZATION (IF APPLICABLE)**

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL

ADD  REVOKE  RENEWAL

**III) AUTHORIZING OFFICIAL – (This is a mandatory role)**

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL

ADD  REVOKE  RENEWAL

**IV) FINANCIAL OFFICIAL – (This is a mandatory role)**

\_\_\_\_\_  
NAME (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL

ADD  REVOKE  RENEWAL

Sincerely,

Name  
Title/Position

**HOW TO COMPLETE THE ASAP OFFICIALS AUTHORIZATION FORM: PLEASE READ CAREFULLY**

The ASAP Officials Authorization Form is used for designating officials within an organization to define the type of authority within ASAP. The **Point of Contact must first identify the Head of Organization, Re-delegated Head of Organization (another person within the organization) to appoint the Authorizing and Financial Officials for your organization, the Authorizing and Financial Official.**

Only provide the authorities on the form that are being designated. If more than one individual is acting in the same capacity, repeat the appropriate section for each Authorizing Official or Financial Official. This form may be used to ADD, REVOKE, or RENEW an individual's authority. **"PLEASE TYPE OR PRINT LEGIBLY ON THE FORM."**

**COMPLETING THE ASAP OFFICIALS AUTHORIZATION FORM:**

This form must be completed on your Organization's official letterhead. If unable to do so, type the following statement, "See Attached Authorization Form" on your letterhead. **The Head of Organization/Re-Delegated Head of Organization must sign this statement. The authorities designated will remain in effect for two-years from the indicated effective date. This form will need to be renewed or revoked at that time.**

**Point of Contact:** The Point of Contact is responsible for inputting, updating or deleting, the officials identified by the Head of Organization (HOA, AO, FO or additional RDO).

**The Head of Organization is the top management official who establishes the authority for the organization to use ASAP.** The Head of Organization will self-designate him or herself and appoint the Authorizing Officials and/or Financial Officials for ASAP. This is mandatory role.

- I. The Head of Organization may want to re-delegate the authority to designate the Authorizing and/or Financial Officials. If so, in addition to completing the Head of Organization section, the Re-Delegated Head of Organization section must be completed. If not applicable, leave blank or remove. The Re-delegated Official can designate Authorizing Officials and/or Financial Officials. If an organization will have more than one Re-delegated Official, ONLY the Head of the Organization can designate, not another Re-delegated Official.
- II. The **Authorizing Official** is responsible for designating individuals to access ASAP and providing accurate information on the **ASAP Organization Enrollment and User ID Request Form** and signs Section III of that form. This is mandatory role.
- III. The **Financial Official** is responsible for certifying the bank information on the **ASAP Payment Requestor Bank Information Form** and signs Section IV of that form. This is mandatory role.

**Submitting Completed Forms and requesting additional information**

If the capitol of the state in which you are located is in the **Eastern Time Zone or the organization is located in Puerto Rico or the Virgin Islands**, submit your forms to the following address: **Financial Management Service, Philadelphia Financial Center, Attn: ASAP Customer Support Staff, P.O. Box 51317, Philadelphia, PA 19115-6317.** For questions call ASAP Customer Support at (215) 516-8021.

If the capitol of the state in which you are located is in the **Central Time Zone**, submit your forms to the following address: **Financial Management Service, Kansas City Financial Center, Attn: ASAP Customer Support Staff, P. O. Box 12599-0599, Kansas City, MO 64116-0599.** For questions call ASAP Customer Support at (816) 414-2100.

If the capitol of the state in which you are located is in the **Mountain or Pacific Time Zones or time zones further West**, submit your forms to the following address: **Financial Management Service, San Francisco Financial Center, Attn: ASAP Customer Support Staff, P. O. Box 193858, San Francisco, CA 94119-3858.** For questions call ASAP Customer Support at (415) 817-7182.