

ASAP Organization Enrollment and User ID Request Form

Section I - Organization Information

Date: _____ **Action:** NEW ORGANIZATION CHANGE EXISTING ORGANIZATIONAL DATA **ASAP ID:** _____

Organization Name: _____ **Employer Identification Number (EIN) (9digits):** _____

Organization Short Name (10 characters maximum): _____ **DUNS Number (9+4 digits):** _____

Organization Type: State Agency University ITO For-Profit Non-Profit **User Type:** Recipient Organization Super User

EBT Processor FRB LOC Other _____

Mailing Address: _____ **Street Address:** _____

_____ **City, State, Zip:** _____

Primary Contact Name: _____ **Secondary Contact Name:** _____

Phone: _____ **Fax:** _____ **Phone:** _____ **Fax:** _____

E-Mail Address: _____ **E-Mail Address:** _____

Section II – Individual User Information

NAME Include First, Middle Initial, and Last Name. Each individual MUST sign in the appropriate space on the reverse side.	TELEPHONE NUMBER	E-MAIL	MAILING ADDRESS (If different from above)	FUNCTIONS			Current Users Only:
				Payment Request (PR2)	Inquiry Only (PR1 or RC1)	AMA	User's Logon ID
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete							

Legend: Functions: A=Add, C=Change, D=Delete. If requesting AMA, an AMA Access Form is required.

Current Users Only: Indicate the existing individual's logon ID in this column for any changes to a user's functions or access.

Section III – Authorizing Official's Signature

By signing this document, I certify that the individual(s) requiring access to ASAP and identified above have read and signed the "User Responsibility Statement" on the reverse side of this document and that the organization will maintain the signed copy.

Signature

Title

Name

Phone Number

Date

USER RESPONSIBILITY STATEMENT

LOGON ID AND PASSWORD:

The Treasury User Provisioning System will e-mail the individual logon ID and mail the temporary password. The password, which is under your sole control, provides protection for you and us. The pattern of your logon ID may be known by others and the logon ID is displayed on the screen when entered, but your password is not displayed and not known by anyone other than you. After initial logon, all ASAP users must access the system at least once every 90 days to remain active. After 13 months of non-use, your logon ID is deleted and you must be re-enrolled to gain access to ASAP. If at any time during the log-on process the individual's logon ID or password should become suspended, please contact the FRB Customer Support Hotline at (804) 697-8384.

USER RESPONSIBILITIES:

Once assigned a logon ID and temporary password by the FRB of Richmond, you agree to be responsible for the consequences that result from the disclosure or use of your password. To avoid compromising your password, you agree that you will:

- not make your password known to anyone or put it in written form unsecured;
- prevent others from watching you enter your password and guessing your password (for example, you should not use names of persons, places, or things that are identified with you);
- create a password that is at least 8 characters, contact your servicing RFC for the proper format; and
- log off of the system whenever you leave your computer unattended.

Your initial password expires after 45 calendar days. If you do not log in within 45 days of enrollment, your User ID will be deleted. We encourage all users to change their passwords timely. In addition, you must report unauthorized use and if you feel that someone may know your password, you should contact the FRB Customer Support Hotline at (804) 697-8384 to have your password changed immediately.

I have read the User Responsibility Statement, agree to its terms, and understand my responsibilities for the use and protection of my logon ID and password and for the consequences that may result from disclosure or use. If I fail to adhere to any of the terms in this statement, the Treasury may revoke my logon ID and take other appropriate action.

User's Signature: _____

Date: _____

User's Signature: _____

Date: _____