

## ASAP OFFICIALS AUTHORIZATION FORM

The individuals identified below are the designated officials that will participate in the Automated Standard Application for Payments (ASAP) System. These individuals are responsible for certifying the information needed for payment delivery and identifying the individuals that will need access to the ASAP system for this organization. **The effective date is** \_\_\_\_\_.

<b>I) HEAD OF ORGANIZATION</b>	
_____ NAME (PLEASE PRINT OR TYPE)	_____ SIGNATURE
_____ TITLE	_____ TELEPHONE NUMBER
_____ E-MAIL	ADD <input type="checkbox"/> REVOKE <input type="checkbox"/> RENEWAL <input type="checkbox"/>

<b>II) RE-DELEGATED HEAD OF ORGANIZATION (IF APPLICABLE)</b>	
_____ NAME (PLEASE PRINT OR TYPE)	_____ SIGNATURE
_____ TITLE	_____ TELEPHONE NUMBER
_____ E-MAIL	ADD <input type="checkbox"/> REVOKE <input type="checkbox"/> RENEWAL <input type="checkbox"/>

<b>III) AUTHORIZING OFFICIAL</b>	
_____ NAME (PLEASE PRINT OR TYPE)	_____ AUTHORIZING OFFICIAL SIGNATURE
_____ TITLE	_____ TELEPHONE NUMBER
_____ E-MAIL	ADD <input type="checkbox"/> REVOKE <input type="checkbox"/> RENEWAL <input type="checkbox"/>

<b>IV) FINANCIAL OFFICIAL</b>	
_____ NAME (PLEASE PRINT OR TYPE)	_____ FINANCIAL OFFICIAL SIGNATURE
_____ TITLE	_____ TELEPHONE NUMBER
_____ E-MAIL	ADD <input type="checkbox"/> REVOKE <input type="checkbox"/> RENEWAL <input type="checkbox"/>

**I acknowledge that I am the designated Head of \_\_\_\_\_, and certify that all individuals named in this document are authorized to serve in the capacity stated for access and operation of the ASAP System. If there are any questions, our primary contact is \_\_\_\_\_ and can be reached on ( ) - \_\_\_\_\_.**

Completed by RFC:
Verification of HOO: _____
2 Yr. Renewal Date: _____
Profile Updated <input type="checkbox"/> Records Management System Updated <input type="checkbox"/>
Initials: _____ Date: _____

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 Head of Organization must first designate their identity and authority. They can re-delegate this authority to a re-delegated Head of Organization (another person within the organization) to appoint the Authorizing and Financial Officials for your organization. If the same individual is acting as the Authorizing and Financial Official, indicate their name in both areas on the form.

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 must sign this statement. See Enrollment Handbook for detailed instructions. 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.

- I. **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.
- II. 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.
- III. 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.
- IV. 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.

**In the acknowledgment statement, the Head of Organization's name and title should be typed or printed legibly on the bottom of the ASAP Officials Authorization Form. The Head of Organization's signature is the certification that the information is accurate. Include the name of the organization, primary contact name, and telephone number in the spaces provided in the acknowledgement statement.**

### **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.