AMA Access Request Form

Drganization Type: EBT Processor	□ State	□ FNS Regional O	office \Box FNS Hea	adquarters	
Drganization Name:		C	ontact Name :		
Address:			hone: ()	Fax: ()	
			nternet E-Mail Add	ress:	
Section II – Individual User Information					
Jser Name:		Р	hone: ()	Fax: ()	
Action Requested: Add Delete Change		& Inquiry	Approval		A Inquiry
Please check one: Applying for ASAP access - D payment request D inquiry D agency (NOTE: ASAP User ID Request Form must also be completed)				FRB Operations Use Only	
Current ASAP user		request	agency	INQ PRC CBF	
Jser Signature Section III – Authorizing Signatures		/ Date	/	FA1 FA2 SA1	
Drganization Authorizing Official Signature		//_ Date		Initials/ Date Initials/ (vermer) Date	
	EE	T Processors Only			
Users associated with an EBT Processor will be gra Please grant the above individual(s) access to the fo	nted access to	all projects managed by	that organization u	nless otherwise requested below.	
State RO ID	State	RO ID	State	RO ID	

PLEASE RETURN COMPLETED FORM TO YOUR ASAP SERVICING RFC

INSTRUCTIONS FOR COMPLETING AMA ACCESS REQUEST FORM

Section I – Organization Information

Check the organization type and complete all information requested in this section. If your organization is an EBT Processor who wishes to provide you with access to only specific project/accounts, these should be indicated at the bottom of the form. The contact should be your supervisor or someone who is knowledgeable of this request.

Section II – Individual User Information

Provide your full name, including middle initial, and phone, and fax numbers. Indicate the action and type of AMA access requested. "Change" should only be checked if you are currently an AMA user. Indicate whether you are also applying for ASAP access or are a current ASAP user. If you are also applying for ASAP access, the ASAP Organization Enrollment and User ID Request Form should also accompany this form. If you are a current ASAP user, please identify your Logon ID. Sign and date the form and forward to the authorizing official at your organization.

Section III – Authorizing Signatures

The organization's authorizing official should sign and date this form. If the organization is an EBT Processor, the official is the individual whose signature is on file at the Federal Reserve Bank of Richmond for authorizing back up issuance. If the organization is a State or FNS Regional Office, the official is the individual whose name has been provided to the Federal Reserve Bank of Richmond by FNS Headquarters and will be contacted for verification.

FMS REGIONAL FINANCE CENTERS

Philadelphia Regional Finance Center P.O. Box 8676 Philadelphia, PA 19101-8676 (215) 516-8021 Services Eastern Time Zone Kansas City Regional Finance Center P. O. Box 12599-0599 Kansas City, MO 64116-0599 (816) 414-2100 Services Central Time Zone San Francisco Regional Finance Center P. O. Box 193858 San Francisco, CA 94119-3858 (415) 817-7182 Services Mountain & Pacific Time Zone