

# GWA SYSTEM ENROLLMENT FORM – EXTERNAL USER

## ***USER ORGANIZATION/AGENCY INFORMATION: (Please Type or Print Clearly)***

Organization/Agency Name: \_\_\_\_\_  
(Gov't, Agency, or Contractor Name)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## ***USER INFORMATION***

User's Name: \_\_\_\_\_

User's Internet Business E-mail address: \_\_\_\_\_

User's Business Phone No: \_\_\_\_\_ Room No: \_\_\_\_\_ Fax No: \_\_\_\_\_

TWAIUPS User ID: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Business E-mail address: \_\_\_\_\_

Supervisor's Business Phone No: \_\_\_\_\_ Room No: \_\_\_\_\_ Fax No: \_\_\_\_\_

## ***ACCESS REQUESTED***

- New Request       Add Application(s)       Add Role(s)  
 Revoke Access       Remove Application(s)       Remove Role(s)

## ***Reason to Revoke Access, Remove Application(s), or Remove Role(s)***

- Retired       Transfer       Name Change  
 Terminated       Misuse

## ***Module(s) and Role(s)***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Account Statement   | <input type="checkbox"/> BPD              | <input type="checkbox"/> BPD Reversals    |
| <input type="checkbox"/> Agency Reviewer     | <input type="checkbox"/> Agency Reviewer  | <input type="checkbox"/> Agency Reviewer  |
| <input type="checkbox"/> Government Reviewer | <input type="checkbox"/> Agency All       | <input type="checkbox"/> Agency All       |
|  | <input type="checkbox"/> Agency Preparer  | <input type="checkbox"/> Agency Preparer  |
|  | <input type="checkbox"/> Agency Certifier | <input type="checkbox"/> Agency Certifier |

- BPD Write-Offs
- Net-Expenditure Transfers
- Warrant Journal Voucher
- Agency Reviewer
- Agency Reviewer
- Agency All
- Agency Preparer
- Agency Certifier
- Treasury User Provisioning
- User
- Supervisor (CS)

GWA ENROLLMENT FORM – EXTERNAL USERS (con't)

**ALCs Listing** (For *Account Statement Only*)

**Access group** (*FMS Use Only*)

**APPROVING AUTHORITIES**

*Please enter ALCs you need access to in the space provided.  
If there is insufficient space, please attach the list.*

USER'S SUPERVISOR SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

COTR SIGNATURE (if applicable) : \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION SPONSORS : \_\_\_\_\_ DATE: \_\_\_\_\_  
Account Statement

: \_\_\_\_\_ DATE: \_\_\_\_\_  
TWAU User Provisioning

: \_\_\_\_\_ DATE: \_\_\_\_\_  
CAFE

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.