



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
7700 Wisconsin Ave 10th Floor
Bethesda, Maryland 20814

Payment Management System Access Form

This form must be completed in its entirety in order to be processed

Please print or type

Action(s) Requested: (check all that apply)

- Establish New User Access
Change Existing User Access: Current PMS Username
Update Existing User Contact Information: Current PMS Username
Deactivate User Access: Current PMS Username if not known, print or type first and last name of person to be deactivated and complete sections 1, 2 and 5 below

1. Name of Institution/Organization:

2. Payee Identification Number(s) (PIN) if not known, list EIN:

Is the action requested for all accounts associated with this PIN(s)? Yes No

3. Request to Establish/Change Access or Update Contact Information for:

Name (Please Print):

Title:

Telephone #:

E-Mail Address:

Mailing Address:

4. Type of access requested for user:

- Payment Requests and Inquiries
Inquiry Only
Federal Financial Report (FFR)

5. Supervisor's Approval of requested action (recipient organization authorized representative)

If you are the highest ranking person in your organization, please sign your own form.

Supervisor Name (Please Print):

Supervisor's Signature:

Supervisor's Title: Supervisor's Telephone Number:

IF THIS IS A NEW ACCOUNT, PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM.

IF YOUR BANKING INFORMATION HAS BEEN ESTABLISHED IN THE PAYMENT MANAGEMENT SYSTEM, YOU MAY FAX THIS FORM TO 301-492-5096 or 301-492- 4581. PLEASE FAX ONLY ONE FORM AT A TIME.