Phone: (806) 742-2000 Fax: (806) 742-1343

Request for Online Bill Access								
Date Requested:				Dept. Name:				
Requestor:					Dept. Phone #:			
	FUND	ORGN	PROG		FUND	ORGN	PROG	
Personnel to be	Authorized:							
Name:			eRaider Username:			TechID:		
Name:			eRaider Username:			TechID:		
Name:			eRaider Username:			TechID:		
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Name:			eRaider Username:			TechID: 		
Name: ———			eRaider Username:			TechID: 		
Name: 			eRaider Username:			TechID: 		
Name:			eRaider Username:			TechID: 		
Signature of Financial Manager								
Print Name: Signature Requir	ed:					Date:		
(Authorized Signature Required)  Please e-mail request to BillingSupport.CommSvcs@ttu.edu or mail to Mail Stop 1131 or Fax to 806-742-1343								
For Office Use Only:								
Emailed:								
Telesoft:	Entered By:				Da	nte:		