



Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852

Division of Payment Management Financial Contact Form

Please print or type

Action Requested (check one):

- Establish New User Access
- Change Existing User Access: Current PMS Username _____
- Deactivate User Access: Current PMS Username _____

Name of Institution/Organization: _____

Payee Identification Number(s) (PIN): _____

Do you need access to all accounts associated with this PIN(s)? Yes No

If not, please list the Payee Account Number(s) (PAN) for which you are requesting access.

Name of Financial Contact: _____

Title of Financial Contact: _____

Telephone #: _____

E-Mail Address: _____

Mailing Address: _____

Type of access requested for user. Please check **ALL** that apply.

Payment Requests and Inquiries

- Payment Requests and Inquiries
- Inquiry Only

Federal Financial Report (FFR)

- FFR Preparer Only
- FFR Certifier Only
- FFR Preparer and Certifier

Supervisor Name (Please Print): _____

Supervisor's Signature: _____

Supervisor's Title: _____

PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM, IF BANKING INFORMATION HAS NOT BEEN ESTABLISHED IN THE PAYMENT MANAGEMENT SYSTEM FOR YOUR ACCOUNT(S).

IF YOUR BANKING INFORMATION HAS BEEN ESTABLISHED, YOU MAY FAX THIS FORM TO THE PAYMENT MANAGEMENT SYSTEM HELPDESK AT 301-443-8362.