



Grant Agreement#: \_\_\_\_\_ DOL-ETA Only

Instructions: This document is used to provide the DOL ETA Office of Accounting with information to establish or change a Payment Management System (PMS) account for drawing down funds. If you are a new grantee, send this completed and signed form along with your completed SF- 1199A Direct Deposit Sign-up Form and Accounting Contact Information form via overnight mail to:



Heidi Ren
U.S. Department of Labor/ETA
Office of Financial Administration
200 Constitution Avenue N.W., Room N-4702
Washington, D.C. 20210



SAVE form
(use PMS\_grant# as format)



PRINT form

Division of Payment Management
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\TIN:

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. Please select one in each category if applicable.

- Payment Requests and Inquiry (Inquiry access comes with Payment Request and FFR Access)
Federal Financial Report (FFR) (B type accounts can only receive FFR View Only)
Payment Request
FFR View Only

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:

NOTE: If you only need to make changes to your organization's user access, such as adding names, please fax the form directly to HHS: Fax number: 301-492-5096, or 301-492-4581.

Other questions about completing this form? Contact Heidi Ren 202-693-3876