



### iPayment Access Request Form

Texas A&M University - College Station  
Texas A&M University - Galveston  
Texas A&M University System

Name: \_\_\_\_\_ UIN: \_\_\_\_\_  
First Middle initial Last

Position or Title: \_\_\_\_\_

Department Name: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Please check one Request type:

<input type="checkbox"/> New User	<input type="checkbox"/> Remove All Access	<input type="checkbox"/> Add to Existing Access	<input type="checkbox"/> Replace Existing Access
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Please check one Access type:

<input type="checkbox"/> Deleted User	Inactive User/Delete Access
<input type="checkbox"/> User	Cashier Access: creates files; posts transactions, processes tenders, voids transactions and tenders prior to receipt, creates cashier deposit, searches receipts, runs departmental reports, reviews own balance report and expected totals
<input type="checkbox"/> Supervisor	Approver Access: has all the same access as User but also adds file deposits, balances files, views credit card reports, views any users expected total in the assigned department
<input type="checkbox"/> Inquiry Only	View Access: can only search iPayment files; cannot create files or post transactions.

Please enter all department codes and names for which access is required.

Department Code	Department Name

I understand that I will be violating University regulations and applicable state and federal law if I gain or help others gain unauthorized access to the iPayment Cash Receipting System. I acknowledge that neither I nor anyone else has the authority to allow anyone to use my ID and password. I understand that if I violate University regulations and state and federal laws by gaining or helping others gain unauthorized access to this network, I will be subject to University disciplinary action and criminal prosecution to the full extent of the law (Chapter 33, Title 7 of the Texas Penal Code). By logging on to iPayment, I acknowledge my responsibility for strictly adhering to University policy and state and federal law. I am also aware that penalties exist for unauthorized access, unauthorized use and unauthorized distribution of information from iPayment. I agree further not to attempt to circumvent the computer security system by using or attempting to use any software, files or resources that I am not authorized to use.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT COMPLETED FORM TO:  
FMO Sales & Receivables  
MS 6000

NEED HELP?  
FMO Sales & Receivables  
(979) 862-2872  
[iPay@tam.u.edu](mailto:iPay@tam.u.edu)

<b>For FMO Use Only</b>	
<input type="checkbox"/> Assigned User ID _____	
<input type="checkbox"/> Emailed User	
<input type="checkbox"/> Added to Listserv	
Entered By: _____	Date: _____