

CashPro Access Request Form

This form must be completed and faxed to Cash Management, 617-496-8611. It can be completed electronically or printed and completed manually. Do not write in shaded areas.

<i>User ID (Enter for changes only)</i>		<i>For Cash Management Use Only</i>
Name:		Setup by: Setup Date: Approved: Email sent: User ID Created:
Telephone:		
Mobile Telephone:		
Email:		
Address:		
Financial Manager Approval: <i>If more than view access is requested, additional approvals may be required.</i>		
	<i>Approval Signature</i>	<i>Approval Name/Title</i>
<i>Privileges Needed</i>		
Copy Privileges From		
	<i>User Name</i>	<i>User ID</i>
<i>Additional Privileges or if not copying</i>		
Accounts to include	<i>List Accounts</i>	
Previous Day Reporting		
Current Day Reporting		
Lock Box Access	<i>Please specify privileges needed:</i>	
Additional privileges:	<i>Please Specify</i>	