



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
7700 Wisconsin Ave 10th Floor
Bethesda, Maryland 20814

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: _____

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:

☐ Payment Requests and Inquiries

☐ Inquiry Only

☐ Federal Financial Report (FFR)

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: _____

IF THIS IS A NEW ACCOUNT, PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM.

IF YOUR BANKING INFORMATION HAS BEEN ESTABLISHED IN THE PAYMENT MANAGEMENT SYSTEM, YOU MAY FAX THIS FORM TO 301-492-5096 or 301-492- 4581. PLEASE FAX ONLY ONE FORM AT A TIME.