

Authorization Form for Users -Touchnet

Employee Name: _____
Employee Email Address: _____
Employee telephone #: _____
Department: _____
Date: _____

Check the type of system and role needed:

Payment Gateway

Accountant
Cashier
Bursar
Process Credit (Supervisor only)
Administrator

Cashiering

Cashier
Cashier Supervisor
CME User
Executive Administrator
Office Administrator
Reporting User
Web Department Deposit Administrator

Authorized by: _____ Date: _____
(MDRP-Merchant Department Responsible Person or Dept. Head)

Please forward form to one of the following:

Leslie King-Smith	lsk0006@auburn.edu	120 OD Smith Hall
Miles Lester	lestewm@auburn.edu	OIT-Parker Hall
David Musgrave	musgradw@auburn.edu	OIT-Parker Hall

Completion date: _____
Employee: _____

Originals will be kept at the Office of Cash Management