### DEPARTMENT OF ACCOUNTS
### ACCOUNTS RECEIVABLE SECURITY AUTHORIZATION REQUEST

<table>
<thead>
<tr>
<th>Requested Accounts Receivable Action:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized User Name:</td>
<td>Primary Agency No:</td>
</tr>
<tr>
<td>Primary Agency Name:</td>
<td>Tele. No: (   )</td>
</tr>
<tr>
<td>Extension:</td>
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List other Agency Number(s) for which you will key data:

After completing this form, mail the completed form to: Department of Accounts, Accounts Receivable, P. O. Box 1971, Richmond, VA 23218-1971; or send via interagency mail to Department of Accounts, Accounts Receivable, Mailstop 151/02.

**Authorized User:**
I hereby certify that I will not allow another individual to know and/or utilize my access to Accounts Receivable Data Entry Application and that data keyed is accurate and complete.

**Authorized User’s Signature**
**Date**
**E-Mail Address:**

**Approving Supervisor:**
I hereby certify that the above Authorized User is approved to enter data into the Accounts Receivable Data Entry Application and that the data is appropriately and independently reviewed.

**Approving Supervisor’s Signature**
**Date**
**E-Mail Address:**

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**To be completed by the Department of Accounts**

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<th>Request Status:</th>
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**Comments:**

**DOA Accounts Receivable Security Officer**

**Date**