DEPARTMENT OF ACCOUNTS
ACCOUNTS RECEIVABLE SECURITY AUTHORIZATION REQUEST

Requested Accounts Receivable Action: _____ **Date:** _____

Authorized User Name: _____ **Primary Agency No:** _____

Primary Agency Name: _____ **Tele. No:** (___) _____

Extension: _____

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. **For faster service, email this form to acctsrecv@doa.virginia.gov.**

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:

To be completed by the Department of Accounts

Request Status: ☐ **Approved**
☐ **Denied**
☐ **Pending**

Comments: _____

_____

_____

_____ _____
DOA Accounts Receivable Security Officer **Date**

Revised_12/16/22