DEPARTMENT OF ACCOUNTS
PROMPT PAYMENT SECURITY AUTHORIZATION REQUEST

Requested Prompt Payment Action: ________________ Date: ________________

Authorized User Name: ____________________________ Primary Agy No: _________

Primary Agy 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, Prompt Payment, P. O. Box 1971, Richmond, VA 23218-1971 or send via interagency mail to Department of Accounts, Prompt Payment, Mailstop 151/02.

Authorized User:
I hereby certify that I will not allow another individual to know and/or utilize my access to Prompt Payment 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 Prompt Payment 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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Request Status: ☐ Approved
☐ Denied
☐ Pending

Comments: ____________________________________________

__________________________________________
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DOA Prompt Payment Security Officer Date