

**UNITED STATES DEPARTMENT OF EDUCATION
G5 Payee Access Request Form**

Authorities: The following authorizes the collection of this information: Federal Funding Accountability and Transparency Act of 2006 (31 U.S.C. 6101 note). Information Collected: Payee User Name (First, Last, Middle Initial), telephone number, email address, senior officer of grantee institution name, title, and telephone number. Purpose: The purpose of collecting this information is used to obtain Payee access (ability to draw funds from grant awards) or make changes to an existing Payee account. Disclosures: The information will not be disclosed outside of the Office of the Chief Financial Officer. Consequences of Failure to Provide information: Failure to provide required information or forego creating an account may result in not gaining Payee access within G5. Additional information about this system can be found in the Privacy Impact Assessment.

REASON FOR SUBMISSION

1.) Check at least one of the following reasons for submitting this form:

- ☐ A new G5 user requesting Payee access. (*New users **must** register in G5 before submitting this form*)
- ☐ A current G5 Payee requesting an email change: (Enter old email here) _____
- ☐ A current G5 Payee requesting a name change: (Enter old name here) _____
- ☐ A current G5 Payee user who wants to change or add a Payee UEI number(s) on their account (*write UEI on line #4*)
- ☐ Deactivated G5 user requesting reactivation of account.
- ☐ Other, explained here: _____

USER IDENTIFICATION

2.) Payee User Name: _____
(Last) (First) (Middle Initial)

3.) Telephone #: _____ **Payee User Email Address:** _____

4.) Payee UEI: Check **View Only** to view fund balances, but not draw funds; Check **Full Access** to draw funds. If you need to add more numbers, please write them on an attached page.

_____ <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	_____ <input type="checkbox"/> View Only <input type="checkbox"/> Full Access
_____ <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	_____ <input type="checkbox"/> View Only <input type="checkbox"/> Full Access
_____ <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	_____ <input type="checkbox"/> View Only <input type="checkbox"/> Full Access

5.) Payee User Signature: _____ **Date:** _____

AUTHORIZATION FOR ABOVE LISTED UEI

6.) Authorized By: _____
(Print name of a senior officer of grantee institution)

7.) Title: _____ **Telephone #:** _____

8.) Senior Officer Signature: _____ **Date:** _____

Your authorizing signature certifies that the payee that you are appointing as an agent of your business entity, is acting on your behalf, that the data universal numbering system (UEI) that you are providing is related specifically to your business entity and not to an individual, and that all bank information associated with this UEI and payee provided by you to the Department of Education are associated strictly with your business entity and not with any other entity or individual. If for any reason this is not presently the case or if in the future the payee you have designated on this form is not an authorized agent (payee) of your grantee organization, you are required to notify the Department of Education immediately, in writing, providing the separated and new payee name, address, UEI and point of contact, as well as the relationship to your entity.

9.) Notarized by: _____ **Seal/Stamp:** _____

10.) A signed Payee Access Request Form must be notarized or contain a seal or stamp, or be accompanied by a letter on letterhead from the Senior Officer who signs on line 8. Send the completed form via email to obssed@servicenowservices.com.