

UNITED STATES DEPARTMENT OF EDUCATION
G5 Servicer 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 Servicer access
(New users **must** complete the registration process in G5 before submitting this form)
- ☐ A current Servicer user who has a new email address and/or last name
- ☐ A current Servicer who is adding UEI numbers to their pick list
(Write additional UEI number(s) on line #6)
- ☐ Other, explained here: _____

USER IDENTIFICATION

2.) User Name: _____

(Last)

(First)

(Middle Initial)

3.) Telephone #: _____

4.) User Email Address: _____

5.) Servicer UEI: _____ ☐ **View Only** -- To view fund balances, but not draw funds.
☐ **Full Access** -- To draw funds.

6.) UEI Pick list and Institution Names:

(List all UEI numbers you wish to add as well as the corresponding Institution Name(s); attach additional pages if necessary)

7.) User Signature: _____ **Date:** _____

AUTHORIZATION FOR ABOVE LISTED UEI

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

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

11.) 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.

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

13.) A signed Servicer Access Request Form must be notarized or contain a seal or stamp. Send the completed form via email it to OBSSHelpDesk@ed.gov.