

Shared Accounting Module (SAM) Agency User Authorization Form

The User listed is designated to perform the Role and Access Group responsibilities in the Shared Accounting Module (SAM) in accordance with the SAM Security Matrix.

Section 1 – General Information

- ☐ **Create New User**
- ☐ **Modify User Information** (only applies to role, last name, e-mail address, phone number and/or address)
- ☐ **Delete User**

Add	Remove	Role
<input type="checkbox"/>	<input type="checkbox"/>	Local Security Administrator
<input type="checkbox"/>	<input type="checkbox"/>	Cash Flow Administrator <i>(User has access to Access Group Cash Flow Profiles, Default Rules and related reports.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Agency Viewer <i>(User has view-only access of Cash Flow Profiles, Default Rules and related reports.)</i>

Primary Access Group <input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <i>Enter the name of Access Group to which the user will have access. (A maximum of 50 alpha numeric characters) An Access Group is a group created to relate ALC(s) or DSSN(s) in terms of security and business commonality.</i> </div>
Descendant Access Group <input type="checkbox"/>	

Section 2 – User Profile

User's Employer /Agency/Bureau	
User's Name (Full name)	
User's E-mail Address (Not shared) <small>*Please ensure accuracy – email address is the unique identifier of a user</small>	
Phone Number (Direct number to user)	
Street Address (User location)	
Street Address Line 2 (User location)	
City / State / Zip (User location)	
User Activation Date (Please check one)	<input type="checkbox"/> Effective Immediately <input type="checkbox"/> Future Effective Date

Section 3 – Authorized Signature By signing below, the individual certifies that he/she is duly authorized by the organization under the Shared Accounting Module (SAM) Primary Local Security Administrator (PLSA) Authorization Form to perform the changes requested. The authorized individual will be contacted and must confirm signature before the request can be completed. The authorized individual signing this form cannot be designated as the user on this form.

Name (print)		Signature			
Title		Phone		Date	
Email Address					
Please email the completed form to the SAM Treasury Support Center: SAM_TSC@stls.frb.org					

Section 4 – Additional Access Groups to which the user will have access

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

Enter the name of the specific Access Group to which the user is to have access.

Primary Access Group ☐ Descendant Access Group ☐

Access Group Name: _____

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