State of Rhode Island
Department of Administration
Office of Accounts and Control

JP Morgan Chase PaymentNet System Access Request

Employee Name: _____

Department: _____

Email Address: _____

Business Phone: _____   DOB: _____

Hierarchy Node: _____

Role (circle one):   Cardholder   RI Manager

Scope (circle one):   Self   Hierarchy Node Only   Hierarchy Node and Children

Hierarchy Node: _____

Role (circle one):   Cardholder   RI Manager

Scope (circle one):   Self   Hierarchy Node Only   Hierarchy Node and Children

_____   _____
Type/Print Name of Authorized Agent   **Signature of Authorized Agent/Date**