OFFICE OF STATE UNIFORM PAYROLL  
LAGOV AP AGENCY AUTHORIZATION SETUP/CHANGE FORM  

Date: ___________________  
(Effective Date of Authorization)

Personnel Area(s): ________________________________________________________________

Agency Name: _______________________________________________________________________

Agency Address: ________________________________________________________________

(mailing)

Authorized By: _______________________________________________________________________

(Undersecretary/Appointing Authority Signature)

Printed Name & Title: ________________________________________________________________

(Name) / (Title)

The designated personnel are authorized to perform the following duties:

(A) Reserved for later use  
(B) Sign documentation to reverse or replace payment documents (OSUP/F094 & OSUP/F095)  
(C) Sign documentation to Stop Payment on a Check (OSUP/F092 & OSUP/F093)  
(D) Request copies of payment information (check copies or ACH/EFT Trace information)  
(E) Vendor Contact to answer questions about payment information  
(F) Request a same-day wire payment

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<th>Add</th>
<th>Delete</th>
<th>Authorized Employee Name</th>
<th>Primary</th>
<th>Alternate</th>
<th>Duties Performed B, C, D, E</th>
<th>Email Address</th>
<th>Phone Number</th>
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This form should be scanned and emailed to the BFA Unit at _doa-osup-bfa@la.gov