

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

<u>A</u> dd <u>D</u> elete	Authorized Employee Name	<u>P</u> ri <u>A</u> lternate	Duties Performed B, C, D, E	Email Address	Phone Number