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

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) Authorize personnel to pick up AP checks from OSUP Office (Emailed to OSUP when requested)
- (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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<tr>
<th>Add/ Delete</th>
<th>Authorized Employee Name</th>
<th>Primary Alternate</th>
<th>Duties Performed A, B, C, D</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