

ARIS Change Request Form - Non-CTAS Agencies

Agency ID Number: _____

Effective Date: _____

Agency Name: _____

- NEW USER, DELETE USER, UPDATE USER - ADD FUNCTIONS, UPDATE USER - DELETE FUNCTIONS

Section 1. Add/Delete/Update User:

- 1. Name: _____ Email: _____
2. Fax Number: _____ Telephone: _____

If adding or updating a user, please check which functions this user should have access:

- 30-60-90 Expenditure Projections, Admin Office of Cts (Courts only), Allotment Deposit, Audits, Cash Request, Cash Request - Lottery, Cash Request - Stimulus, Cash Request - Tobacco, Controlled Disbursements (DCH /DOR only), DARF - District Attorney's Ret Fund, DOAS - RMS (Risk Invoices Only), DOAS - Assessment & All other payments, Deferred Compensation, Defined Contributions (DCP), Dept of Law, ERS, Flex - Flexible Benefits, GA Forestry Payment, GBA - Payments to GA Bldg Auth, GEFA - Payments to GEFA, GEFA (DCA Only), GRTA (DCA Only), GRTA GA Reg Trans Auth, GTA - Payments to GTA, Health Insurance, JRS - Judicial Retirement, LRS - Legislative Retirement, Medicaid Payments (DHS only), One GA Deposit (DCA Only), Return of Surplus, Revenue Collections, SAO - Payments to SAO, SCJRS - Superior Ct Judges Ret Sys, Secretary of State Payments, State Charitable Contributions, State Tax Payment, TRS

Department of Revenue Options - ONLY

- AAVT - Deposits & Disbursements, E911 - Withdrawals, IRP Trailer - Deposits & Disbursements, Railroad- Deposits & Withdrawals, Real Estate- Deposits & Withdrawals, Unified Carrier- Deposits & Withdrawals

Indicate which Budget Units this user should have access to: A B C R S

- ARIS Permission Level: User (allows user to initiate transactions and review only their transactions), Agency Admin (allows user to initiate transactions and review all transactions for agency), Agency Audit (view only access)

Section 2. Add Bank Account:

If there are additional accounts you would like to add to the system, please list them below. Please note that all bank accounts must have been previously approved by the State Depository Board.

Bank Name: _____ Account #: _____

ABA (routing) #: _____ Account Description: _____

Contact Person (if any): _____ Approved by the State Depository Board Yes No

Section 3. Delete Bank Account:

If there are accounts you would like to remove from the system, please list them below.

Bank Name: _____ Account #: _____ ARIS Bank Code: _____

ABA (routing) #: _____ Account Description: _____

Section 4. (Required) AUTHORIZATION - The above changes are authorized by:

Signature Title Date

Printed Name: _____ Telephone: _____ Email: _____