Office of the State Treasurer

Please fax completed form to 404-657-9066

ARIS Change Request Form – *Non-Streamlined Banking Agencies*

Agency ID Number:_____ **Effective Date:**_____

Agency Name:_____

☐ **NEW USER** ☐ **DELETE USER** ☐ **UPDATE USER – ADD FUNCTIONS** **(Check only the functions that need to be added)** ☐ **UPDATE USER – DELETE FUNCTIONS** **(Check only the functions that need to be deleted)**

Section 1. Add/Delete/Update User:

1. Name:_____ Email_____
2. Address:_____
3. Fax Number: _____Telephone:_____

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

☐ 30-60-90 Expenditure Projections (NEW)
☐ Admin Office of Cts (Courts only)
☐ Allotment Deposit (NEW)
☐ Audits
☐ Cash Request
☐ Cash Request - Lottery
☐ Cash Request – Tobacco
☐ Cash Request – Stimulus
☐ Controlled Disbursements (DCH /DOR only)
☐ DARF – District Attorney's Ret Fund NEW)
☐ 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 (NEW)
☐ GBA - Payments to GA Bldg Auth
☐ GEFA – Payments to GEFA (NEW)
☐ GEFA (DCA Only)
☐ GRTA GA Reg Trans Auth
☐ GTA - Payments to GTA
☐ Health Insurance
☐ JRS - Judicial Retirement
☐ LRS - Legislative Retirement
☐ Medicaid Payments (DHR only)
☐ One GA Deposit (DCA Only)
☐ Return of Surplus
☐ Revenue Collections
☐ SAO – Payments to SAO (NEW)
☐ SCJRS - Superior Ct Judges Ret Sys
☐ Secretary of State Payments (NEW)
☐ State Charitable Contributions (NEW)
☐ State Tax Payment
☐ TRS

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

If you only have one budget unit, Please select "A".

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:_____

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: _____

This form may be copied as needed.

Revised 8/8/12