TouchNet Bill+Payment Access Request

Complete form, obtain approval signature, fax to FIM at 405-744-0034

or mail to 1202 W. McElroy Road, Stillwater, OK 74078.

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| --- | --- |
| **USER INFORMATION** | |
| **NAME:** | **EMPLOYEE EMAIL:** |
| **MERCHANT NAME:** | **CAMPUS ADDRESS:** |
| **TELEPHONE NUMBER:** | **TITLE:** |

**Select campus:**

**OSU - Stillwater**

**Select options:**

**TBP Business Settings Administrator  TBP Communications Manager**

**TBP Customer Service  TBP Customer Service View Only**

**TBP General Operations Manager  TBP Payment Plan Manager**

**TBP Reports Access  TBP Reporting View Only**

**TBP System Settings Administrator  TBP eDeposits Manager**

**TBP eRefunds Manager  TBP eStatements Manager**

**APPROVED (Director/Dept. Head)**

**Signature & Date**

**Confidentiality Agreement**

Access to OSU’s TouchNet Bill + Payment (Payment Option Plan) gives you access to sensitive personal information. You are responsible for maintaining the confidentiality of this information and protecting the privacy of OSU students, faculty, staff, clients, and customers. Access to this system is restricted by business need to know. Only individuals needing information to perform job responsibilities will be granted access. User login names and passwords are considered confidential information and are not to be released to anyone, including co-workers. Writing a user login name and/or password in a readily accessible location shall be considered release of this information and is not permitted.

**I have read and understand the above information and agree to comply with the policies contained in this agreement. I understand failure to comply can result in loss of access privileges or disciplinary action.**

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**User Signature & Date**

Access Granted  Employee Notified

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FIM Use Only Signature & Date