NEW USER SET UP REQUEST

Please allow up to 3 days for this request to be processed.



Company Information			
Company Name:		Control #:	
Requested By:			

New User Information			
First and Last Name:			
User Email:			
Phone Number:			
User Title:			
Required Informa	ation! Failing to select at least one of the following will cause delays with your request:		
Is the new user repl	acing an existing user? Yes No		
If yes, please list the	user being replaced and their disabled date.		
Existing Email:	Disabled Date:		
Accessibility			
	- Please select one:		
	- Please select one:		
CertiPay Access	– Please select one: – Please select all that apply:		
CertiPay Access Full Access Correspondence			
CertiPay Access Full Access Correspondence	□ Billing □ Ancillary Products □ None		
CertiPay Access Full Access Correspondence Tax Information Special Instruction	□ Billing □ Ancillary Products □ None		
CertiPay Access Full Access Correspondence Tax Information Special Instruction	 Please select all that apply: Billing Ancillary Products None None: Nore than one control? Yes No 		

NOTES: